Department of Finance & Administration

Agency Benefits Coordinator Meeting

Benefits Overview

August 2018

Partners For Health Website and Newsletter

- BA has combined its Insurance and Benefits and Partners for Health websites effective Friday, June 8
- The new url is tn.gov/partnersforhealth
- The move is in conjunction with a statewide initiative for the development and maintenance of websites using a new content management system
- BA will mail newsletters instead of decision guides
- Tour of Website

Benefit Enhancements

1. Waive copays on Medication Assisted Treatment (MAT) medications to treat opioid dependency
   - Applies to PPOs & CDHP
   - MAT combines behavioral therapy and medications to treat substance use disorders
2. Pro-rate copays for maintenance medications being synchronized
   - Applies only to PPOs; CDHP pays actual drug cost, not copay
   - Improve adherence by allowing members to coordinate medication refills so that all are filled on the same day
   - Comply with SB2025 - pro-rated copays for controlled substances

Benefit Enhancements

3. Waive in-network outpatient cardiac rehab cost sharing
   - Waiver applies only after deductible has been met
   - Applies to PPOs and CDHP
   - Less than 1/3 of our eligible members engage in outpatient cardiac rehabilitation and those who engage typically do not do so as recommended
4. Add coverage for bone anchored hearing devices deemed medically necessary by the claims administrators
   - Majority of plans covering cochlear implants (as we do) also cover bone anchored hearing devices

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Benefit Enhancements

5. Place in-network outpatient physical therapy outside of the deductible
   - Applies to PPOs only. Cannot remove deductible for CDHP
   - Removes up-front cost barriers for members who want to avoid surgery and pain medications
   - Outpatient occupational and speech therapy will be treated similarly since the benefits typically mirror one another
   - Members must still pay coinsurance

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No Change to Premium Surcharges – All Plans

- Statewide Network Surcharge
  - Currently, there are 3 networks offered:
    - BCBST Network S
    - Cigna Local Plus
    - Cigna Open Access Plus (OAP)
  - Cigna OAP is a broader network
  - If a member elects Cigna OAP network, the surcharge will be $40/$80

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Premiums

- State Plan:
  - Active employee premium goes down by 9.4%
  - The Administration established and funded a retiree Trust to provide a secure and stable source of funding for retiree health care costs in the future
  - The Trust Fund is managed by F&A commissioner, State Treasurer and State Senate and House Finance chairmen
  - Create separate active and retiree rates
  - Increase retiree premium 3.5%

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2019 Vision and Dental Premiums

- No changes to vision premiums for 2019
- MetLife DPPO: 2% premium rate increase for 2019
- Cigna DHMO: No rate increase for 2019

Department of Finance & Administration

Agency Benefits Coordinator Meeting

Benefits 101

August 2018

Let's Play!!!!!

Take out your smart phones

Participation is voluntary

https://play.kahoot.it/#/?quizId=65523732-bb76-48b7-80e3-0b0f88ed1439

Commonly Used BA Acronyms

ABC	Agency Benefits Coordinator
ACH	Automated Clearing House
ADM	Administrative
AE	Annual Enrollment
BA	Benefits Administration
BEP	Basic Education Plan
BIL	Direct Billing
CC	Corrections and Clarification form
CNP	Cancel for Non-Payment
COCC	Certificate of Credible Coverage
CR	Cancel request
CSA	Central State Agency
DEP	Dependent
DIV	Divorce
DNTL	Dental

DOB	Date of Birth
DOR	Date of Retirement
EAP	Employee Assistance Program
EBB	End Benefits Billing
EE	Employee
ELIG	Eligibility
ER	Employer
FSCM	Accounting Side of Edison
HED	Higher Education
HCM	Benefits (HR) Side of Edison
HIPAA	Health Insurance Portability and Accountability Act
IC	Insurance Committee
LE	Local Education
LG	Local Government

Commonly Used BA Acronyms

LOA	Leave of Absence
MAC	Maximum Allowable Change
MED	Medical
MED SUPP	Medicare Supplement
MSC	Miscellaneous
OBF	Office of Business and Finance
OE	Open Enrollment
One Ded	One-time Deduction
OSA	Optional Special Accident
OOS	Out of Sequence
PPO	Preferred Provider Organization
PPACA	Patient Protection and Affordable Care Act
PY	Payroll

REH	Rehire
RET	Retirement
RFL	Return from Leave
SBB	Start Benefits Billing
SLB	Sick Leave Bank
SQE	Special Qualifying Event
SUS	Suspend
TBR	Tennessee Board of Regents
TER	Termination
UT	University of Tennessee
VIS	Vision
W/C	Workers Comp

About the Plan

- The State Group Insurance Program covers three different populations (called entities):
    - State and Higher Education Employees
    - Local Education Employees
    - Local Government Employees
- $1.6 billion annually and covers nearly 300,000 members
- The health plan is **self-insured** – The State (not an insurance company) pays claims from premiums collected from members and their employers
- Benefits Administration manages the State Group Insurance Program and works with Agency Benefits Coordinators (ABCs) in the agencies to serve plan members

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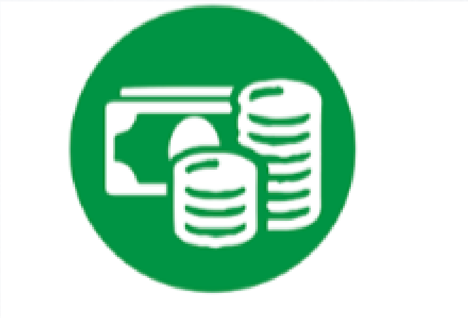
Health Benefits

Common Terms

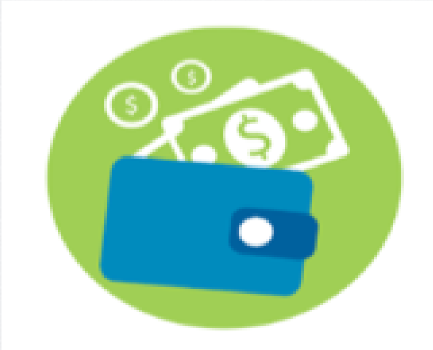
Out of Pocket Maximum

Copay

Coinsurance



Premium

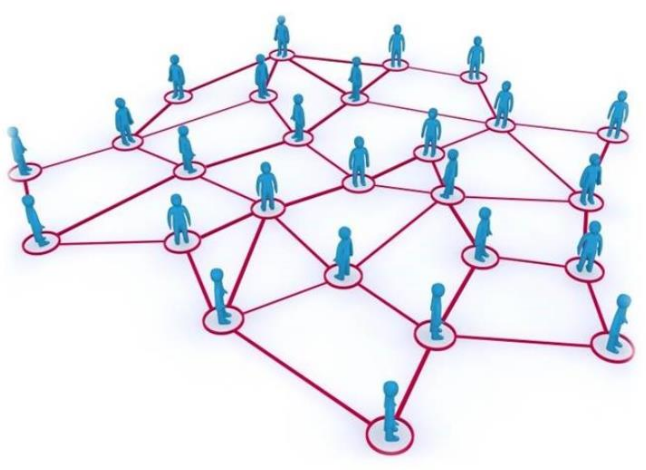


Deductible

What is a Network?

A group of doctors, hospitals and other healthcare providers, that have an agreement with a carrier.

- Services are provided at set fees that are discounted rates
- In-network providers cost less



Networks

Employees have the choice of three networks of doctors and facilities. Please ensure that employees check the network for their providers as changes can occur

- BlueCross BlueShield Network S
- Cigna LocalPlus (LP)
- Cigna Open Access Plus (OAP)- this is a larger, broad network but costs much more each month

Plans

- State offers three health plan options:
  - Premier PPO
  - Standard PPO
  - CDHP/HSA
- A PPO is a Preferred Provider Organization

- How a PPO Works:
  - Members have access to a network of doctors and facilities that charge a pre-negotiated fees
  - The member may pay **more** for services from **out-of-network** providers

Premier and Standard Plans

Premier	Standard
Higher premium Lower deductible 10% coinsurance	Lower Premium Higher deductible 20% coinsurance

2019 Premiums

HEALTH PREMIUMS	BCBST & CIGNA LOCAL PLUS	CIGNA OPEN ACCESS	EMPLOYER SHARE
PREMIER PPO			
Employee Only	$136	$176	$543
Employee + Child(ren)	$204	$244	$814
Employee + Spouse	$284	$364	$1,140
Employee + Spouse + Child(ren)	$352	$432	$1,411
STANDARD PPO			
Employee Only	$92	$132	$543
Employee + Child(ren)	$139	$179	$814
Employee + Spouse	$195	$275	$1,140
Employee + Spouse + Child(ren)	$241	$321	$1,411

HEALTH PREMIUMS	BCBST & CIGNA LOCAL PLUS	CIGNA OPEN ACCESS	EMPLOYER SHARE
CDHP/HSA*			
Employee Only	$60	$100	$543
Employee + Child(ren)	$89	$129	$814
Employee + Spouse	$125	$205	$1,140
Employee + Spouse + Child(ren)	$154	$234	$1,411

Telehealth

You can talk to a doctor by phone or computer from anywhere, at anytime.

When to use Telehealth

- For non-emergency medical issues(allergies, asthma, bronchitis, cold & flu, infections, fever, ear aches, nausea, pink eye, sore throat)
- 24 hours a day, seven days a week-including nights, weekends, and holidays
- Your doctor or pediatrician is unavailable
- You are traveling and need medical care

State-Sponsored Telehealth program cost

- PPO Members: Copay is $15 (in-network)
- CDHP Members: You pay the negotiated rate per visit until you reach your deductible, then the primary care office visit coinsurance applies
- In order to utilize this service they must pre-register with their network carrier (BCBST or Cigna) and go through the network carrier programs (PhysicianNow, MDLive, or Amwell)

Pharmacy Benefits

Pharmacy Benefits

- Pharmacy benefits are included when enrolled in a health plan.
- Out of Pocket Pharmacy costs is based on two different factors:
  - The member's plan option, and
  - The drug level (tier) of the medication
- There are four drug levels:

Generic Drug (Tier One)	Least Expensive	A generic medicine is FDA approved and equal to the brand name product in safety, effectiveness, quality and performance.
Preferred Brand (Tier Two)	More Expensive	Many popular and highly used preferred brands are included on the preferred drug list (PDL).
Non-Preferred Brand (Tier Three)	Most Expensive	These belong to the most expensive group of drugs. These drugs are not included on the PDL.

Specialty drug tier: In the PPOs, 10% coinsurance applies with a member minimum ($50, unless the drug cost is under $50, then you would pay the full cost of the drug) and a maximum ($150) out-of-pocket. Members enrolled in a CDHP pay coinsurance for specialty drugs.

Behavioral Health and EAP

OPTUM

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Behavioral Health and EAP

ParTNers Employee Assistance Program (EAP)

Here4TN.com

- Offered to eligible state employees and their eligible family members, even if they are not enrolled in medical coverage
- All services are confidential and available at no cost to eligible employees and their dependents
- TeleBehavioral Health — talk to a provider over the phone
- You and your eligible dependents may use up to five, no-cost counseling sessions per problem episode

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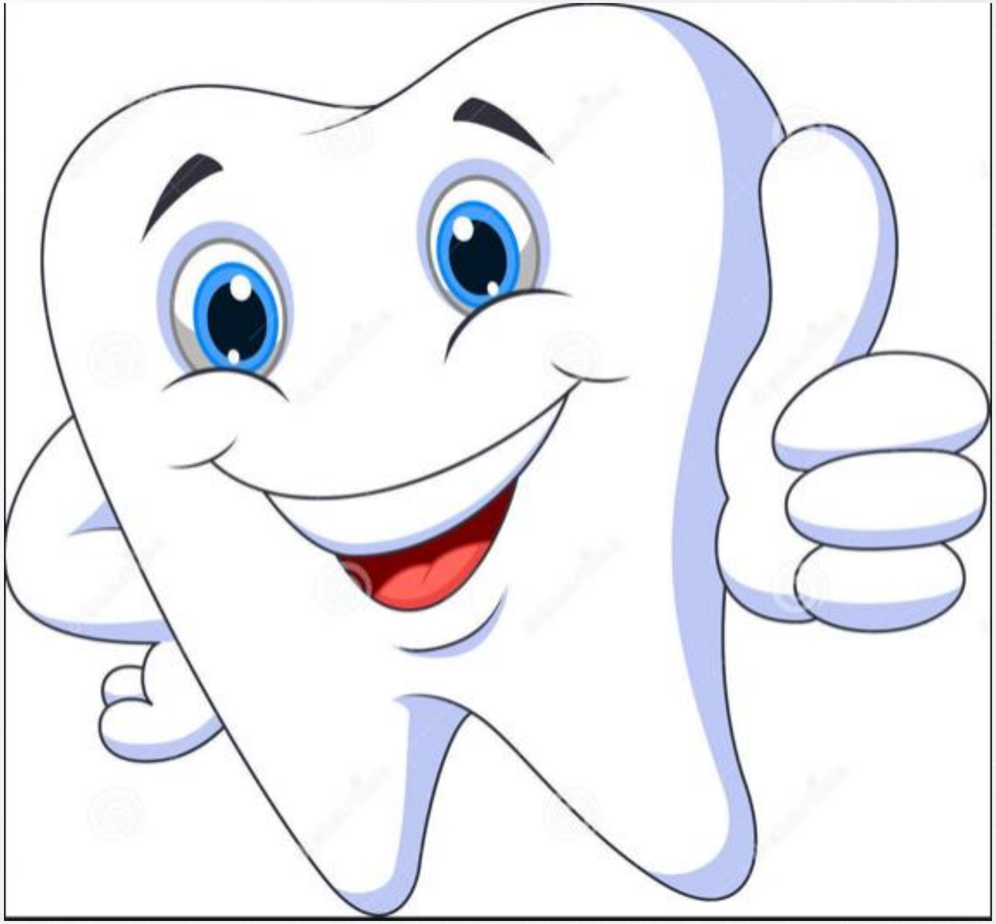
Behavioral Health and EAP

- Family or relationship issues
- Feeling anxious or depressed
- Dealing with addiction
- Legal or financial issues
- Child and elder care
- Difficulties and conflicts at work
- Grief and loss
- Work/life balance

HERE4TN.com or call Optum toll-free at (855.437.3486)

Dental Benefits



Optional Dental Benefits

Eligible State employees can choose between two dental plans:

Cigna Prepaid Plan

- Participating dentists only
- Fixed co-pays
- No deductibles
- No waiting periods
- Pre-existing conditions are covered
- Referrals to specialist are required
- Orthodontic treatment is not covered if the treatment plan began prior to the member's effective date of coverage with Cigna

MetLife DPPO Plan

- Any dentist
- Pay less with in-network providers
- Pay co-insurance for basic, major, orthodontic and out-of-network covered services.
- Some services require a waiting period
- Referrals to a specialists are not required

- Each year during the Annual Enrollment, eligible employees can enroll in or transfer between dental options
- Unlike health insurance where a portion of the premium is paid by the employer, dental insurance is paid 100% by the member

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2019 Dental Premiums

2019 MONTHLY DENTAL PREMIUMS	CIGNA PREPAID PLAN	METLIFE DPPO PLAN
ACTIVE MEMBERS		
Employee Only	$13.44	$23.64
Employee + Child(ren)	$27.91	$54.36
Employee + Spouse	$23.83	$44.72
Employee + Spouse + Child(ren)	$32.76	$87.50

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Vision Benefits

Optional Vision Insurance

Eligible State employees can choose between two vision plans:

Basic Plan

- Discounted rates
- Allowances

Expanded Plan

- Co-pays
- Allowances
- Discounted rates

- Administered by Davis Vision
- For a specific provider go to http://www.davisvision.com/stateofTN
- Each year during the Annual Enrollment, eligible employees can enroll in or transfer between vision plans
- Unlike health insurance where a portion of the premium is paid by the employer, vision insurance is paid 100% by the member

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2019 Vision Premiums

2019 MONTHLY VISION PREMIUMS	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	$3.07	$5.56
Employee + Child(ren)	$6.13	$11.12
Employee + Spouse	$5.82	$10.57
Employee + Spouse + Child(ren)	$9.01	$16.35

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Life Insurance Benefits

Life Insurance Benefits

- State and Higher Education Agencies:
  - Basic Term Life
    - $20,000 provided to all employees
  - Basic Accidental Death & Dismemberment Insurance
    - $40,000 provided to all employees

Life Insurance Benefits

Voluntary Term Life Insurance

- If employees qualify, they can purchase additional Voluntary Term Life Insurance coverage for themselves and their dependents. They may enroll in this coverage regardless of whether they are enrolled in health coverage.

For more information contact:

Securian-lifebenefits.com/stateoftn or call 866.881.0631

Disability Insurance

Disability Insurance

- Disability benefits are offered to full-time state and higher education employees through MetLife. Premiums will stay the same in 2019. Employees will pay the premium.

- Short Term Disability (STD): Replaces a portion of your income during a disability, which could last up to 26 weeks.

- Long Term Disability (LTD) (state employees only): Replaces a portion of your income during a disability that is expected to last longer than 90 days-180 days.

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Disability Insurance

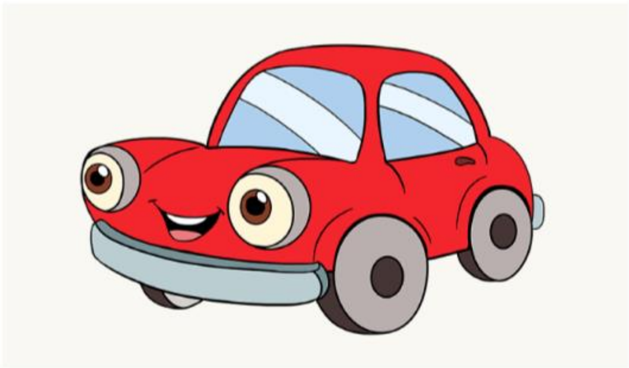
- During annual enrollment, employees can apply for enrollment or increase coverage if currently enrolled.

- Employees can select a benefit option under STD and/or LTD (if eligible) and answer five medical questions by completing the form linked in Edison that is on the MetLife website. Employees must send completed form to MetLife as directed on the form.

- Find more information, including how to calculate your rates, at tn.gov/partnersforhealth on the **Disability** webpage under **Other Benefits**. Monthly premium rates will also be in Edison.

- Contact MetLife, 855.700.8001, M-F, 7a.m. -10 p.m. or metlife.com/StateofTN

Flexible Spending Accounts



Flexible Spending Accounts

- Reduce your taxable income and save money
- Set aside pre-tax earnings to pay for eligible expenses
  - Medical FSA (State and Higher Education)
  - Limited Purpose FSA (State and Higher Education)
  - Dependent day care FSA (State)
  - Parking FSA (State)
  - Transportation FSA (State)

- State Employees can enroll in FSA in Edison
- Higher Education Employees have to enroll through their institution/Payflex

Flexible Spending Accounts

Medical-FSA

- Contribute up to $2,650 for 2019
- Carry over limit $500.00
- Used to pay for certain medical, dental, vision and prescription costs not covered by insurance
- Cannot be enrolled in CDHP/HSA

Limited Purpose-FSA

- Contribute up to $2,650 for 2019
- Carry over limit $500.00
- Used for dental and vision expenses only
- For participants enrolled in the CDHP/HSA

- Cannot enroll in both Medical FSA and Limited FSA in the same year
- New Employees have 31 days to enroll or they can enroll during AE
- Must re-enroll during AE each year to continue participation
- Members will get a debit card to use their funds

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Flexible Spending Accounts

Dependent Care-FSA

- Annual Limit $5,000.00 per year (up to $2,500.00 per spouse for married couples filing jointly)
- No carry over amounts
- Used to pay for certain dependent-care costs, such as after school care, baby-sitting fees, adult or child daycare and preschool for children under 13

- New Employees have 31 days to enroll or they can enroll during AE
- Must re-enroll during AE each year to continue participation
- Money in a Dependent Care-FSA must be used each year or the member will lose it

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Availability of Funds

- Employees who enroll in a medical FSA or L-FSA during annual enrollment will have their full election amount available to them the first week of January, or within approximately 3-4 weeks after they enroll.

- DC-FSA funds are only available as they are taken from your paycheck; your full election amount is not available up front. In addition, you may only file claims for dependent care for which you have a sufficient amount in your account to pay for them.

Flexible Spending

Transportation and Parking-FSA

- Used to pay for certain work related and or parking expenses.
- State employees who have a transportation/parking FSA must submit current year claims by April 30th of the following year.
- Employees may enroll, change or cancel at any time throughout the year

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Enrollment

?
Medical, Dental, Vision Insurance
Flex Spending
?
Life Insurance
Health Savings Account
?
?
401K

Online Enrollment through ESS

- Members select health insurance and other benefit options online
- Log in to Edison www.edison.tn.gov
  - Edison employee ID number provided by the Agency Benefits Coordinator
  - Employees can utilize the First Time User/Password Reset link on the homepage to retrieve their access ID and password
  - Select Self Service and follow prompts for enrollment
  - A step-by-step guide is available on the ABC website
- If covering dependents, submit dependent verification by:
  - Uploading electronic documentation via ESS
  - Submit documents via document upload in Zendesk

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When Will Cards Arrive?

BlueCross BlueShield

- Will send up to two ID cards automatically, both with the member's name
- These may be used by any covered dependent

Cigna

- Will send separate ID cards for each insured family member with each participant's name
- There may be up to four ID cards in each envelope

- **CVS Caremark** will send separate ID cards for your pharmacy benefits (Note: each family member's card may arrive in a separate envelope)
- If enrolled in dental or vision benefits, the employee will also receive their ID cards within three weeks
- New employees and employees that change or transfer plans will receive new cards
- Members can always request additional cards by contacting the vendor

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Questions?

Department of Finance & Administration

Agency Benefits Coordinator Meeting

CDHP/HSA :The Basics

Let’s make a word cloud

Let's make a word cloud

To: 22333

Text: benefitadmin444

What is the first word that comes to mind when you hear the phrase health savings account or HSA?

The Basics

With a CDHP/HSA you have:

- Lower premiums and higher deductibles
- Coinsurance payments instead of copays
- A health savings account (HSA)
- You can use the money in your account to pay your deductible and other healthcare costs or save it.

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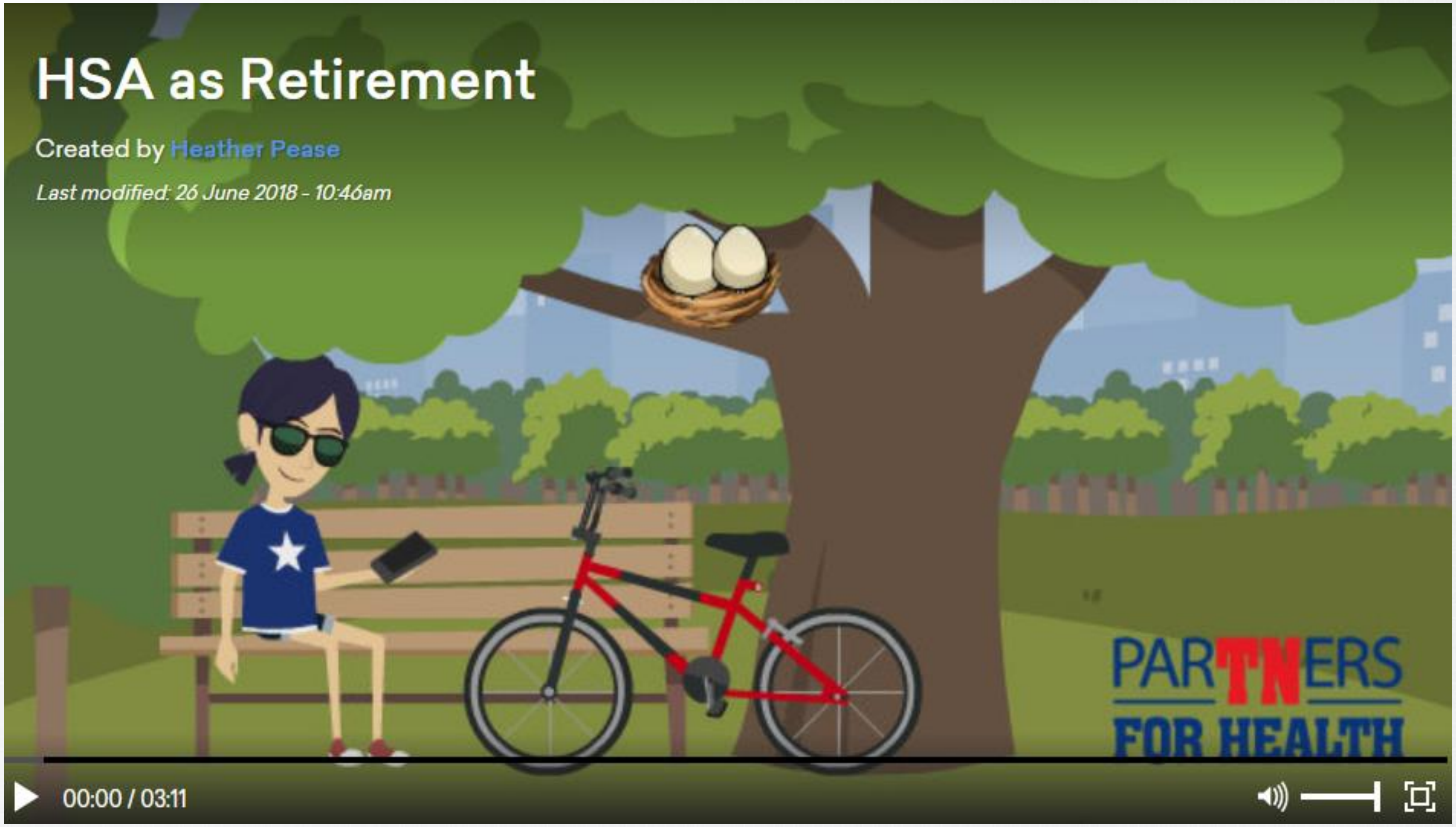
What is an HSA?

- An HSA is an account you can contribute to with pretax money deducted from your paycheck.
- Unused funds roll over from year to year
- Your HSA stays with you if you switch employers, change insurance plans or retire
- Enjoy investment options

Using an HSA for retirement



Seed Money

- If you enroll in the CDHP/HSA, the state will put $250 (employee only) or $500 (all other tiers) into your HSA.
- This money does apply to your maximum contribution.
- Only available to those whose coverage effective date is on or before September 1.

Maximum Contributions

- $3,500 for employee only coverage
- $7,000 for all other tiers
- Members 55 or older can contribute $1,000 more each year

Common Eligible Expenses

Let's play a game: Covered or not covered?

A. Eligible

B. Requires Letter of medical necessity

C. Requires a Prescription

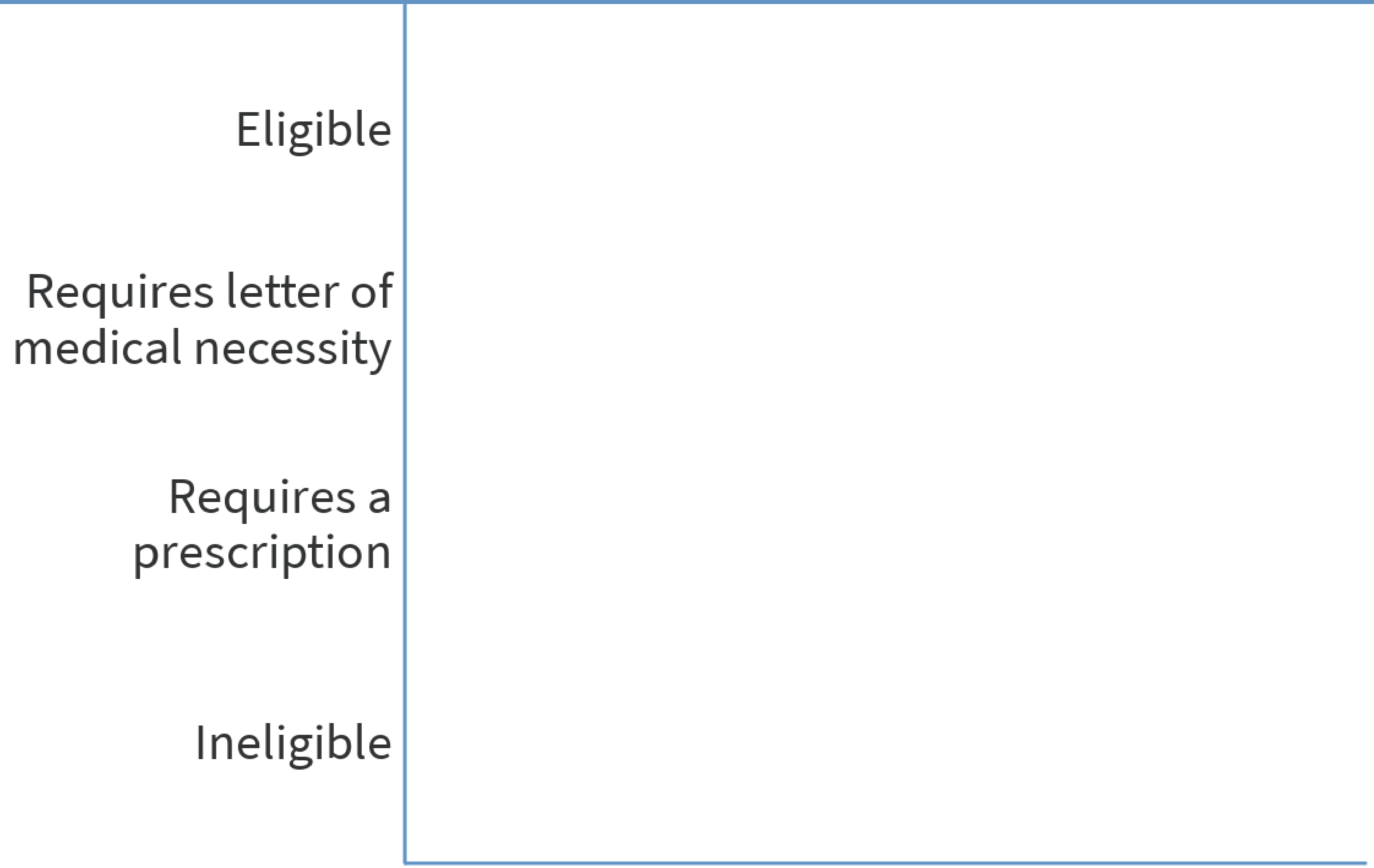
D. Ineligible

Let’s play a game

To: 22333

Text: benefitadmin444

Over the counter allergy medication



Bandages or band-aids

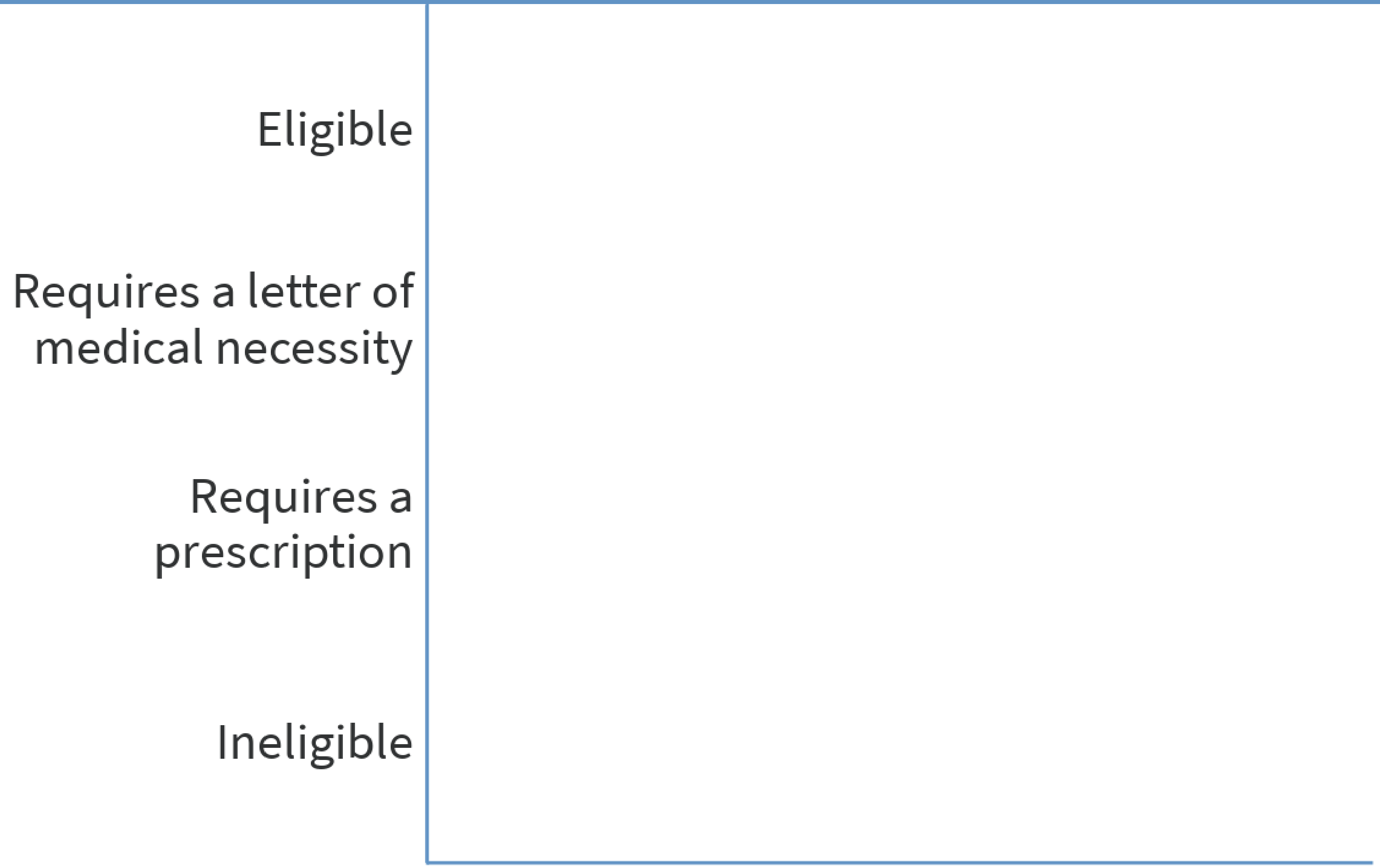
Eligible

Requires a letter of medical necessity

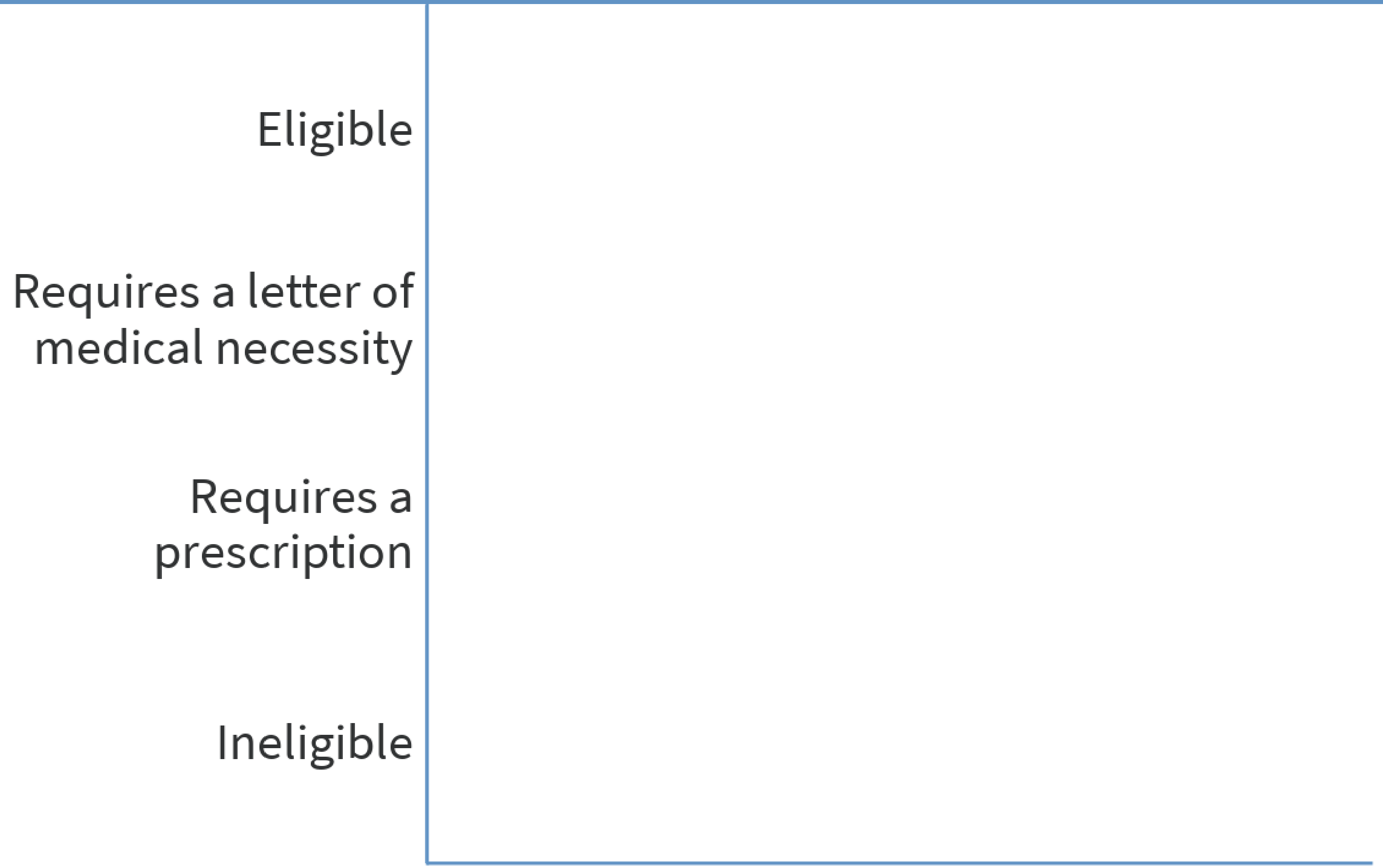
Requires a prescription

Ineligible

Contact lenses or glasses



Massage Therapy



Vitamins

Eligible

Requires a letter of medical necessity

Requires a prescription

Ineligible

Sunscreen

Eligible

Requires a letter of medical necessity

Requires a prescription

Ineligible

Accupuncture

Eligible

Requires a letter of medical necessity

Requires a prescription

Ineligible

Bleaching or whitening teeth

Eligible

Requires a letter of medical necessity

Requires a prescription

Ineligible

Common Eligible Expenses

To see a full list of common eligible expenses, go to:

Stateoftn.payflexdirect.com

Click on "Use Planning Tools"

And then, "Health care expenses"

How do I spend the money in my HSA?

- Use bill payment tool
- Reimburse yourself
- Debit card (receipts are only needed for auditing purposes)

HSA Seed Funds Reminder (Higher Ed only)

- Reconcile seed funds upon receipt and apply those funds ASAP
- Don't use your own funds in an employee's HSA and then reimburse your agency with the state funds
- Most seed funds will be sent in early January
- Only those whose coverage effective date is on or before September 1 will receive state seed funds

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PayFlex

The banking vendor who helps administer your HSA is PayFlex.

PayFlex

855.288.7936

Stateoftn.payflexdirect.com

stateoftennessee@payflex.com (for ABCs only)

Questions?

PARTNERS FOR HEALTH

TN

Department of Finance & Administration

Agency Benefits Coordinator Meeting

Transfers

August 2018

Higher Ed to Higher Ed Transfers
True Transfers Defined

- An employee leaving one University of Tennessee or Tennessee Board of Regents agency to join another without a break in employment is considered a true transfer. The employee will NOT be required to meet a new eligibility period. (**one full calendar month requirement is waived**)
- A true transfer occurs only when an employee leaves an agency one business day and starts with the new agency the next business day

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Example of True Transfer

- True Transfer: Leave one agency on Friday, June 29th and start with new agency on Monday, July 2nd
  - In this scenario there would usually be a gap in coverage for the month of August
  - Gaining agency will create a e-Hire form using a hire date of 7/1/2018 so that benefits will start on 8/1/2018

Other Transfer Examples

- Leave one agency on Friday, June 15th and start with new agency on Monday, June 25th
  - This is not a true transfer however they will not have a gap in coverage because both dates are in the same month
  - Employee is not considered newly eligible and is not able to change coverage
- Leave one agency on Friday, June 29th and start with new agency on Monday, July 9th
  - In this scenario there will be a gap in coverage due to the gap in employment
  - Employee should be advised to take COBRA if they need coverage for that month

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Higher Ed to Higher Ed Transfers

- The preferred method for transfers is for the gaining agency to enter an eForm after billing (Collections Applied report) has run for the month after term (i.e. the first of the next month) with the actual hire date (not the date the eForm is entered)
  - Example: Hire date is June 25th, eForm should be entered July 3rd with a June 25th hire date so that the losing agency is billed for the month of July
- If you are the losing agency and you receive an eForm before billing (Collection Applied report) has run for July, wait to approve it until July 3rd (after Edison payroll has run)
- If this process isn't followed, you could be billed for a month that you shouldn't be
- If this happens, you should create a Zendesk ticket asking for your bill to be manually corrected

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Termination Information

- Termination Date - The date entered into Edison should be the last day the employee worked with your agency.
- Action/Reason Code- **Termination/X-Benefits Higher Ed Transfer** should be used for true transfers or transfers that occur in the same calendar month.
- Action/Reason Code – **Termination/X-Benefits Emp Resignation** should be used for someone with a gap in employment that spans two different months (i.e. last day with one agency is June 18^{th} and first day with new agency is July 2^{nd}).
- If you are unsure if a person is transferring, use **Termination/X-Benefits Emp Resignation** so that a COBRA letter will generate.

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Higher Ed to Higher Ed Transfers Who pays for what?

- The employee must keep the same benefits they had with the previous agency if they are a transfer.
- The gaining agency will be responsible for the additional premium for true transfers that span two calendar months since the one full calendar month requirement is waived (i.e. left agency Friday, June 29^{th} and started with new agency Monday, July 2^{nd})
- The gaining agency will be responsible for billing the employee the back premium
- If the true transfer occurred in the same calendar month then the losing agency would be responsible for the final premium collected in the month they terminate.

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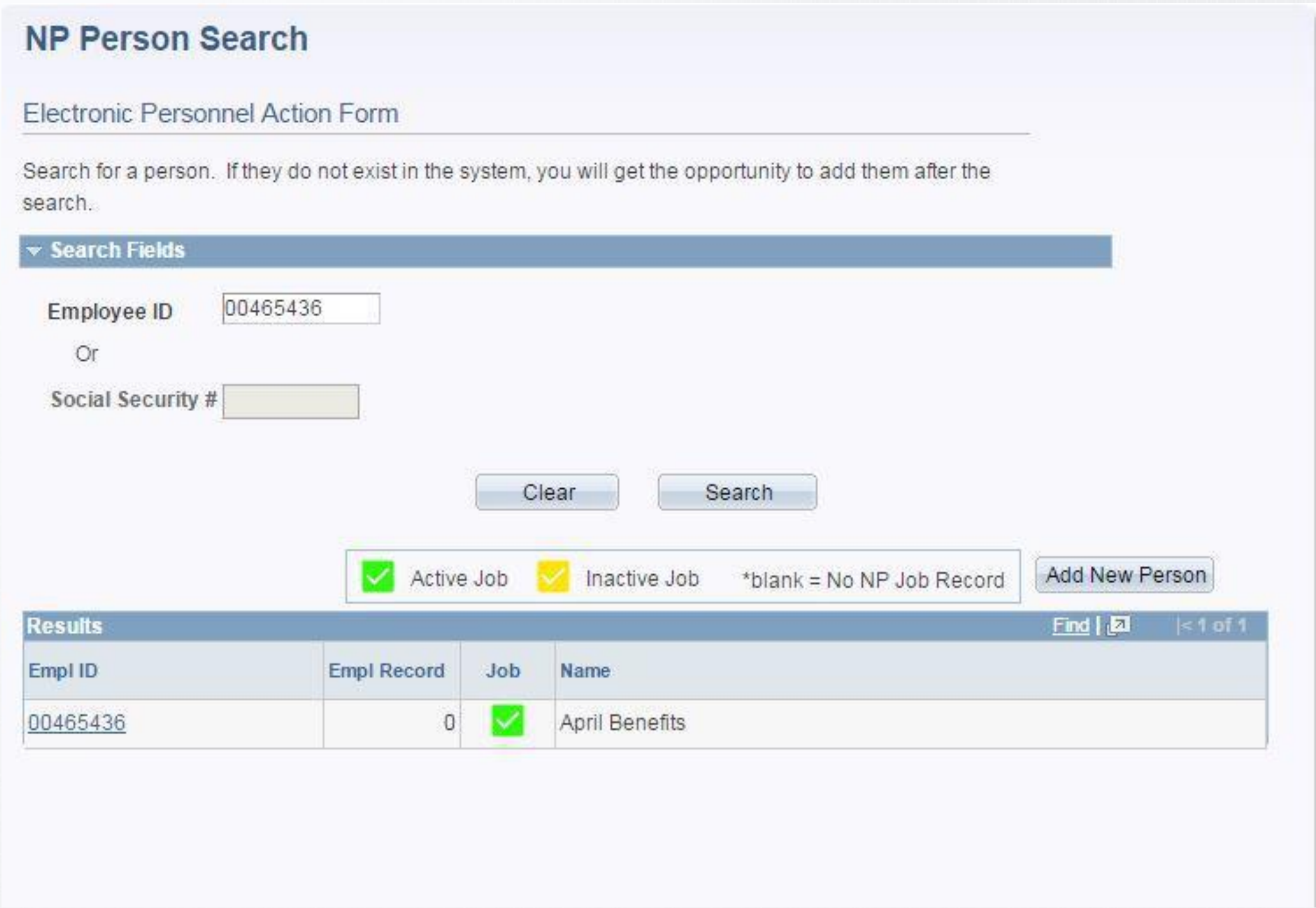
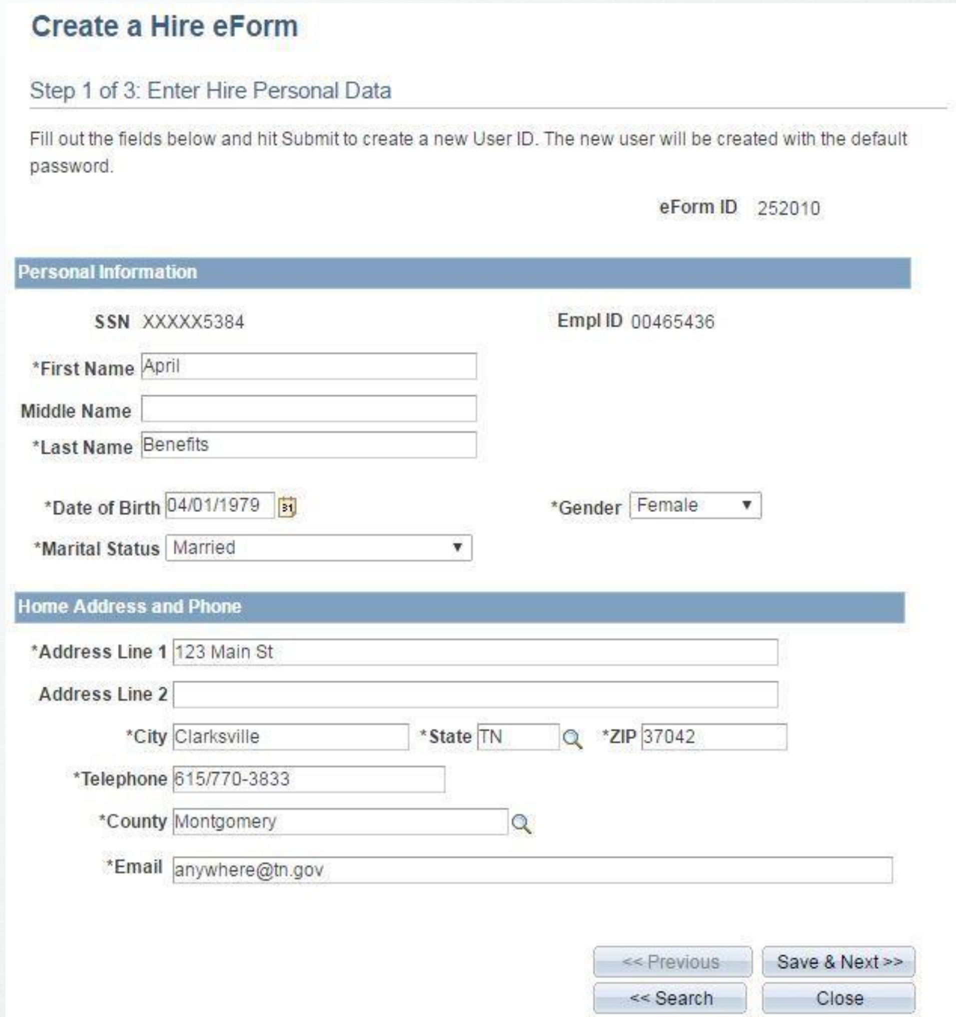
Higher Ed to Higher Ed Transfers eForm Process

- Search for a Person in Hire eForm



Higher Ed to Higher Ed Transfers eForm Process



Create a Hire eForm

Step 1 of 3: Enter Hire Personal Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

eForm ID 252010

Personal Information

SSN XXXXX5384
Empl ID 00465436

*First Name April
Middle Name
*Last Name Benefits

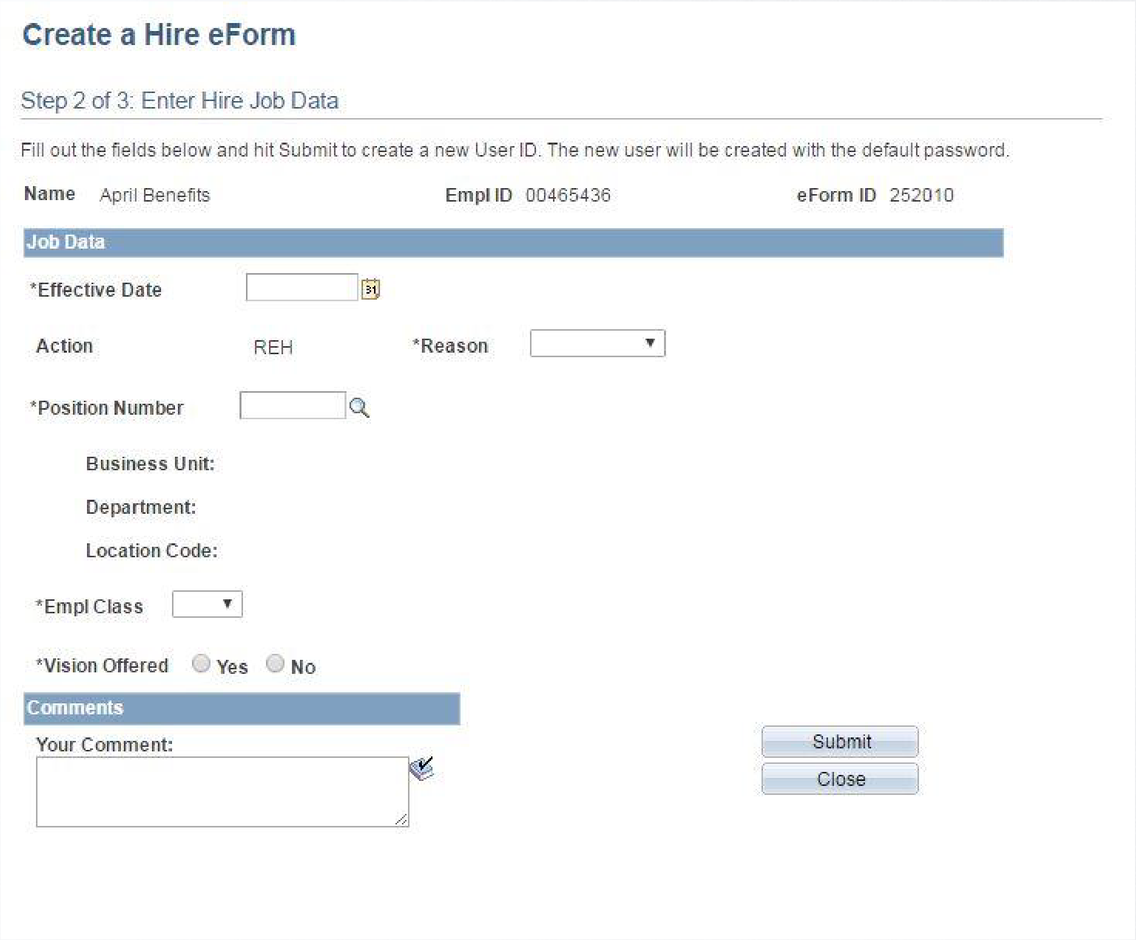
*Date of Birth 04/01/1979
*Gender Female
*Marital Status Married

Home Address and Phone

*Address Line 1 123 Main St
Address Line 2
*City Clarksville *State TN *ZIP 37042
*Telephone 615/770-3833
*County Montgomery
*Email anywhere@tn.gov

<< Previous | Save & Next >>
<< Search | Close

Higher Ed to Higher Ed Transfers eForm Process



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Higher Ed to Higher Ed Transfers eForm Process

Losing Agency Email

Important Note: If you get this email, DO NOT terminate the employee On the Non-Payroll Job Data page. It WILL cause issues.

This following is an example of the email the losing agency ABCs will receive.

NP Hire Form ID 252010 for April Benefits is ready for you to evaluate. You may follow the link below to work this item.

Please review the form to see the comments that have been added.

Click on the link below to enter the form in order to review the data and act on the form.

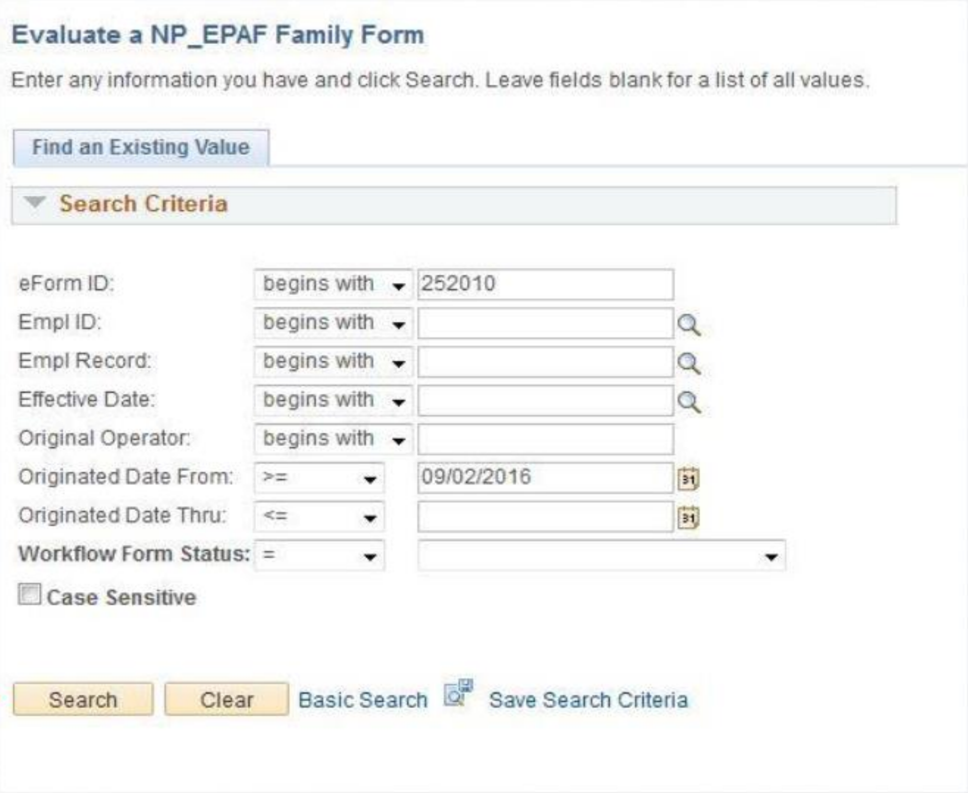
https://sso-uat.edison.tn.gov/psp/pauat/EMPLOYEE/HRMS/c/G_NPAF.G_NPAF_ALL_E.GBL?Page=G_NPAF_ALL_E&Action=U&G_FORM_FAMILY=NP_EPAF&G_FORM_ID=252010&G_FORM_TASK=EVL

Click the blue hyperlink. You will need to log into Edison.

Higher Ed to Higher Ed Transfers eForm Process

Losing Agency eForm Actions

Notice



Click Search

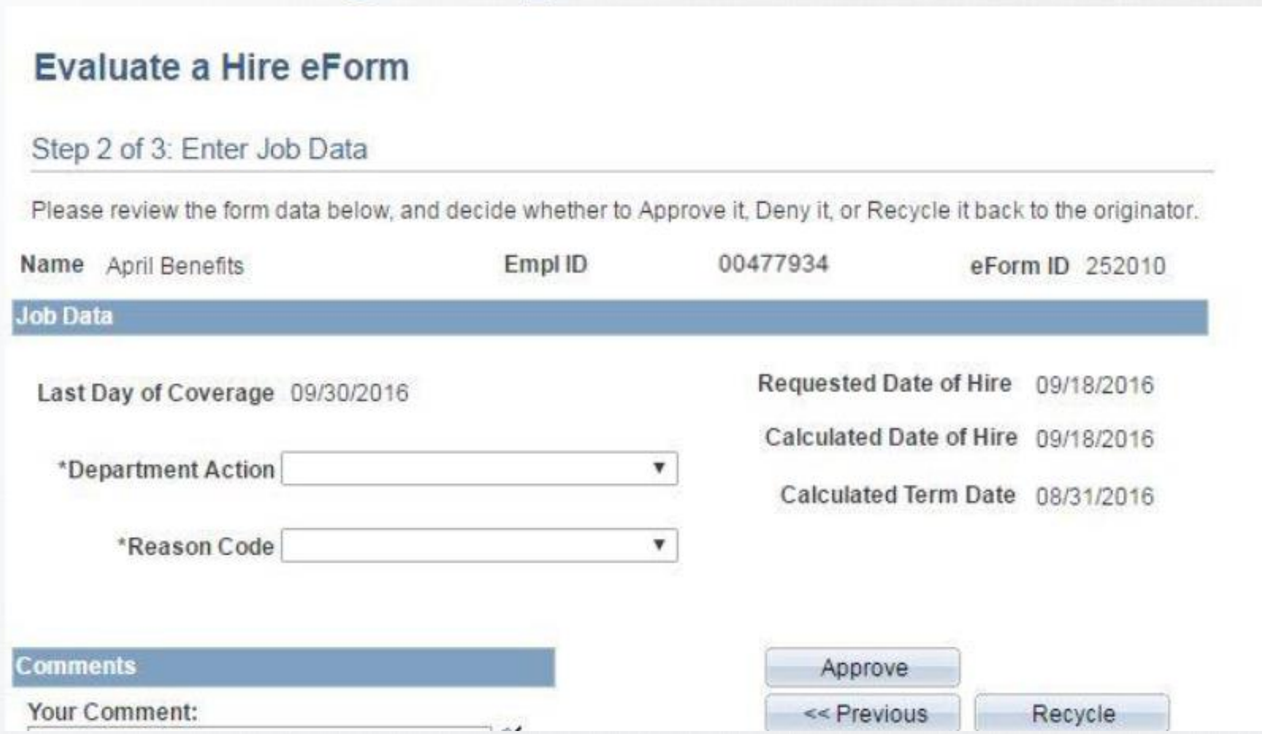
Higher Ed to Higher Ed Transfers eForm Process

Evaluating Step 1 Hire eForm

Notice

Notice

Notice



Evaluate a Hire eForm

Step 2 of 3: Enter Job Data

Please review the form data below, and decide whether to Approve it, Deny it, or Recycle it back to the originator.

Name April Benefits   Empl ID 00477934   eForm ID 252010

Job Data

Last Day of Coverage 09/30/2016

*Department Action

*Reason Code

Requested Date of Hire 09/18/2016

Calculated Date of Hire 09/18/2016

Calculated Term Date 08/31/2016

Comments

Your Comment:

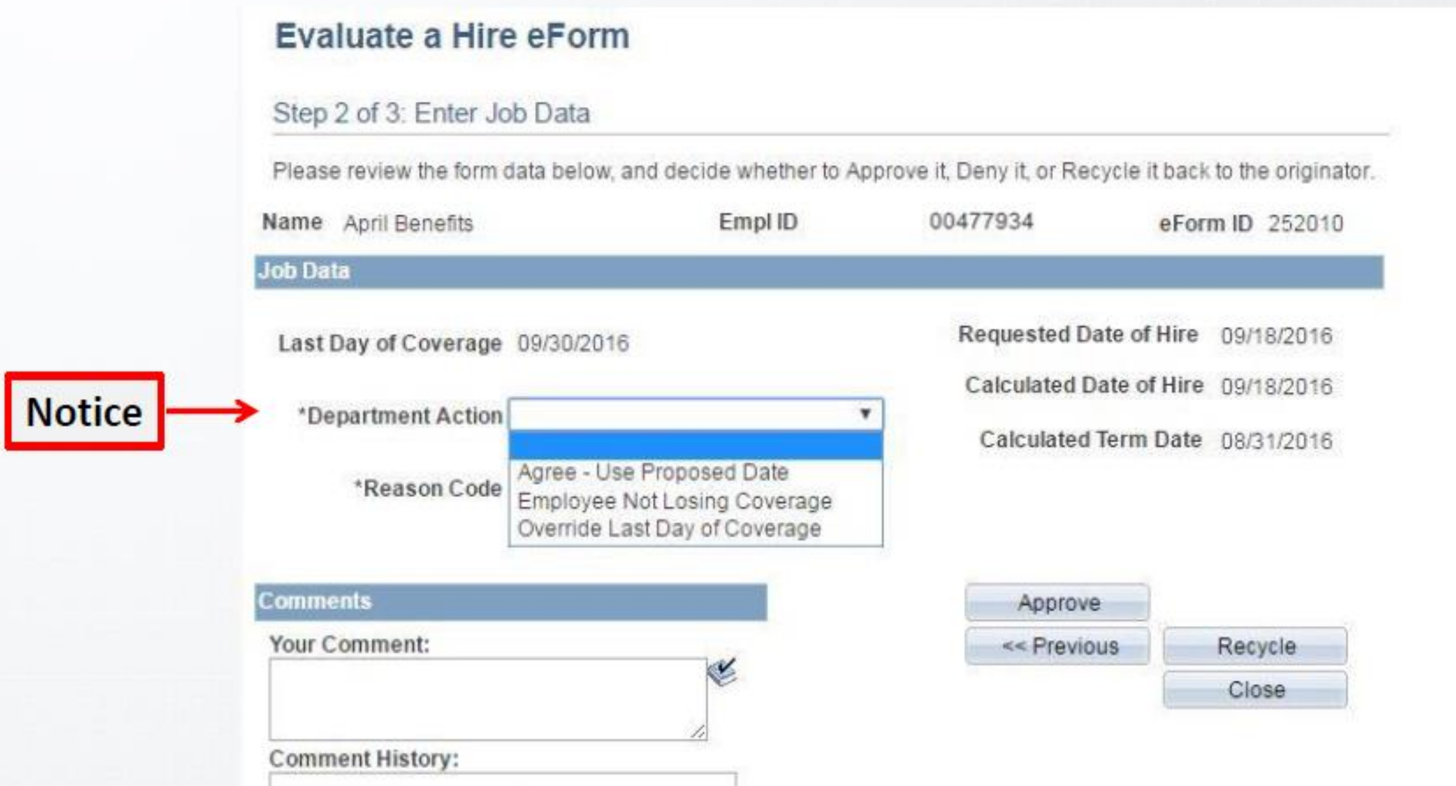
Approve

<< Previous

Recycle

Higher Ed to Higher Ed Transfers eForm Process

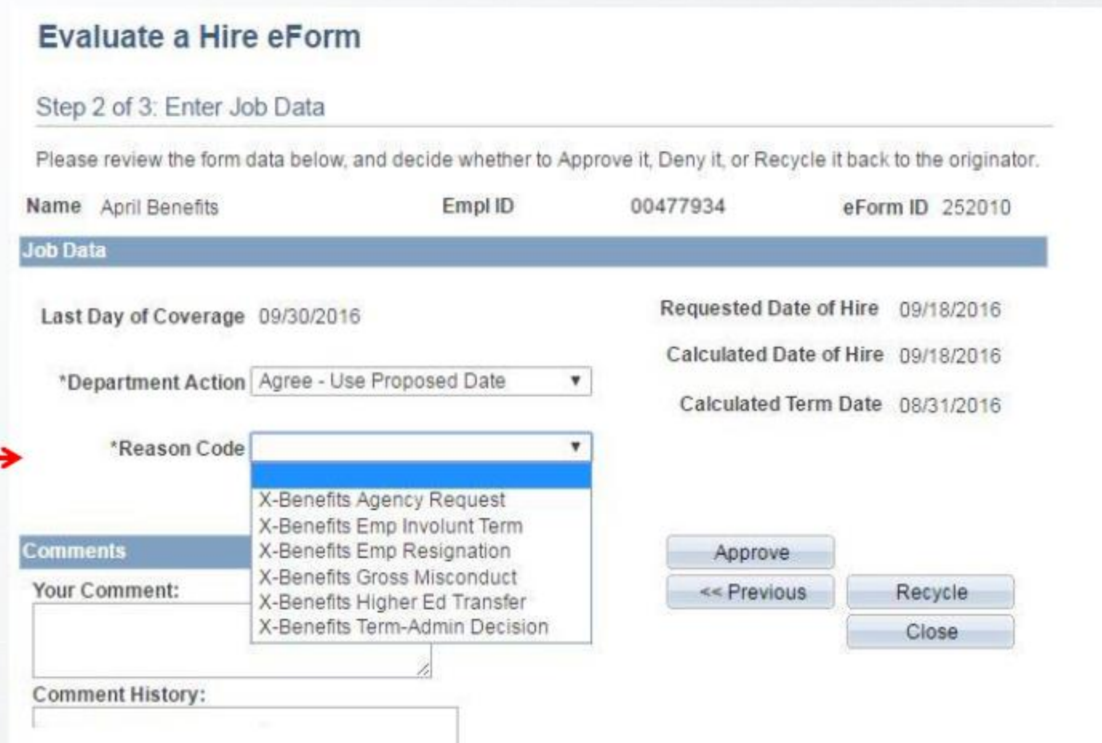
Department Actions



Higher Ed to Higher Ed Transfers eForm Process

Reason Codes

Notice


Evaluate a Hire eForm

Step 2 of 3: Enter Job Data

Please review the form data below, and decide whether to Approve it, Deny it, or Recycle it back to the originator.

Name April Benefits | Empl ID 00477934 | eForm ID 252010

Job Data

Last Day of Coverage 09/30/2016

Requested Date of Hire 09/18/2016

Calculated Date of Hire 09/18/2016

Calculated Term Date 08/31/2016

*Department Action Agree - Use Proposed Date

*Reason Code

- X-Benefits Agency Request
- X-Benefits Emp Involunt Term
- X-Benefits Emp Resignation
- X-Benefits Gross Misconduct
- X-Benefits Higher Ed Transfer
- X-Benefits Term-Admin Decision

Approve | << Previous | Recycle | Close

Comments

Your Comment:

Comment History:

Higher Ed to Higher Ed Transfers eForm Process

Gaining Agency Email

This following is an example of the email the gaining agency ABC's will receive for a Agree –Use Proposed Date.

Form ID 252010 for April Benefits was approved.

This was a form you initiated. The system has been updated with this data.

Hire Date Requested: 2016-09-18
Hire Date Used: 2016-09-18

Notice the Hire Date Request and Used

Click the link below to view the form.
https://sso-uat.edison.tn.gov/psp/hruat/EMPLOYEE/HRMS/s/WEBLIB_G_NAV.ISCRIPT1.FieldFormula.IScript_LaunchFormWithID?G_FORM_ID=252010&G_FORM_TYPE=NPHIRE&G_FORM_TASK=VWS

Click the blue hyperlink. You will need to log in or be logged in Edison.

TN

Department of Finance & Administration

Agency Benefits Coordinator Meeting

Cancel Request Form & SQE

August 2018

Special Enrollment Provisions

- Defined: The federal law, HIPAA, allows employees and dependents to enroll in coverage under certain conditions outside the annual Open Enrollment Period.

Life Events

- Life Events are qualifying events that result in adding dependents that are newly eligible. Examples:
  - Marriage Event
  - Birth/Adoption

Special Qualifying Events

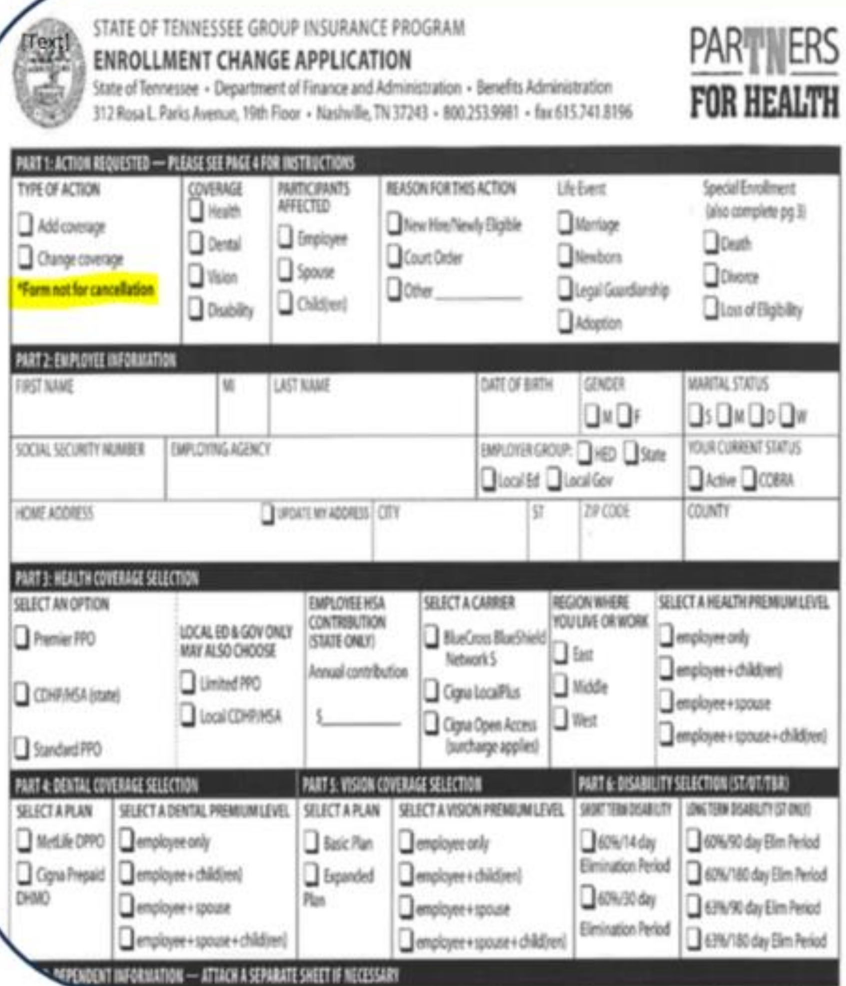
Enrollments that are a result of loss of coverage under another plan:

What Forms to Submit?

- Enrollment Change Application: This form should be used to **enroll** or **make changes** to coverage.
- Cancel Request Form: This form should be used to **terminate** coverage.
- Both forms list life event reasons and special qualifying event reasons because the employee is permitted to enroll or cancel under these provisions.
- When enrolling an employee or dependent due to a SQE or Live Event the application must be submitted within 60 days of the event.

TN

Old vs. New: Enrollment Change Application


STATE OF TENNESSEE GROUP INSURANCE PROGRAM
ENROLLMENT CHANGE APPLICATION
State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, TN 37243 • 800.253.9981 • fax 615.741.8196
PARTNERS FOR HEALTH

PART 1: ACTION REQUESTED — PLEASE SEE PAGE 4 FOR INSTRUCTIONS
TYPE OF ACTION: Add coverage; Change coverage; *Form not for cancellation
COVERAGE: Health; Dental; Vision; Disability
PARTICIPANTS AFFECTED: Employee; Spouse; Child(ren)
REASON FOR THIS ACTION: New Hire/Newly Eligible; Court Order; Other
Life Event: Marriage; Newborn; Legal Guardianship; Adoption
Special Enrollment (also complete pg 3): Death; Divorce; Loss of Eligibility

PART 2: EMPLOYEE INFORMATION
FIRST NAME | MI | LAST NAME | DATE OF BIRTH | GENDER: M, F | MARITAL STATUS: S, M, D, W
SOCIAL SECURITY NUMBER | EMPLOYING AGENCY | EMPLOYER GROUP: HED, State, Local Ed, Local Gov | YOUR CURRENT STATUS: Active, COBRA
HOME ADDRESS | UPDATE MY ADDRESS | CITY | ST | ZIP CODE | COUNTY

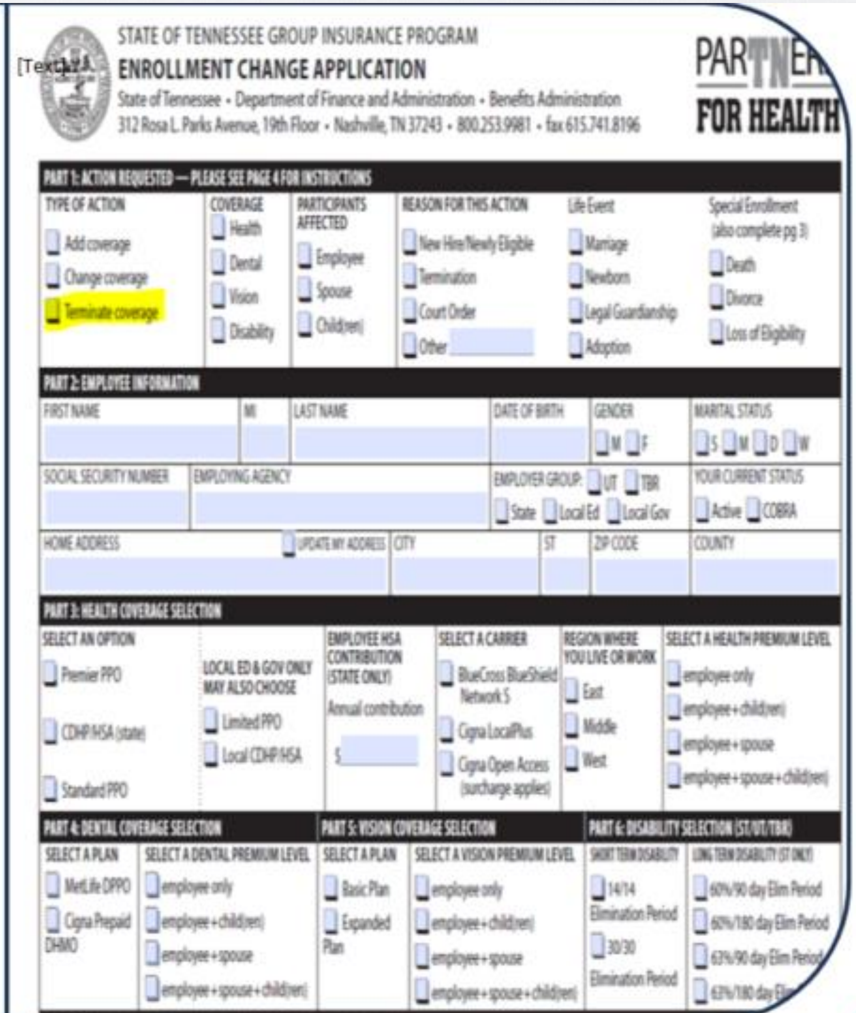
PART 3: HEALTH COVERAGE SELECTION
SELECT AN OPTION: Premier PPO; CDHP/HSA (state); Standard PPO
LOCAL ED & GOV ONLY MAY ALSO CHOOSE: Limited PPO; Local CDHP/HSA
EMPLOYEE HSA CONTRIBUTION (STATE ONLY): Annual contribution $
SELECT A CARRIER: BlueCross BlueShield Network S; Cigna LocalPlus; Cigna Open Access (surcharge applies)
REGION WHERE YOU LIVE OR WORK: East; Middle; West
SELECT A HEALTH PREMIUM LEVEL: employee only; employee + child(ren); employee + spouse; employee + spouse + child(ren)

PART 4: DENTAL COVERAGE SELECTION
SELECT A PLAN: MetLife DPPO; Cigna Prepaid DHMO
SELECT A DENTAL PREMIUM LEVEL: employee only; employee + child(ren); employee + spouse; employee + spouse + child(ren)

PART 5: VISION COVERAGE SELECTION
SELECT A PLAN: Basic Plan; Expanded Plan
SELECT A VISION PREMIUM LEVEL: employee only; employee + child(ren); employee + spouse; employee + spouse + child(ren)

PART 6: DISABILITY SELECTION (ST/UT/TBR)
SHORT TERM DISABILITY: 60%/14 day Elimination Period; 60%/30 day Elimination Period
LONG TERM DISABILITY (ST ONLY): 60%/90 day Elim Period; 60%/180 day Elim Period; 63%/90 day Elim Period; 63%/180 day Elim Period

DEPENDENT INFORMATION — ATTACH A SEPARATE SHEET IF NECESSARY


STATE OF TENNESSEE GROUP INSURANCE PROGRAM
ENROLLMENT CHANGE APPLICATION
State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, TN 37243 • 800.253.9981 • fax 615.741.8196
PARTNERS FOR HEALTH

PART 1: ACTION REQUESTED — PLEASE SEE PAGE 4 FOR INSTRUCTIONS
TYPE OF ACTION: Add coverage; Change coverage; Terminate coverage
COVERAGE: Health; Dental; Vision; Disability
PARTICIPANTS AFFECTED: Employee; Spouse; Child(ren)
REASON FOR THIS ACTION: New Hire/Newly Eligible; Termination; Court Order; Other
Life Event: Marriage; Newborn; Legal Guardianship; Adoption
Special Enrollment (also complete pg 3): Death; Divorce; Loss of Eligibility

PART 2: EMPLOYEE INFORMATION
FIRST NAME | MI | LAST NAME | DATE OF BIRTH | GENDER: M, F | MARITAL STATUS: S, M, D, W
SOCIAL SECURITY NUMBER | EMPLOYING AGENCY | EMPLOYER GROUP: UT, TBR, State, Local Ed, Local Gov | YOUR CURRENT STATUS: Active, COBRA
HOME ADDRESS | UPDATE MY ADDRESS | CITY | ST | ZIP CODE | COUNTY

PART 3: HEALTH COVERAGE SELECTION
SELECT AN OPTION: Premier PPO; CDHP/HSA (state); Standard PPO
LOCAL ED & GOV ONLY MAY ALSO CHOOSE: Limited PPO; Local CDHP/HSA
EMPLOYEE HSA CONTRIBUTION (STATE ONLY): Annual contribution $
SELECT A CARRIER: BlueCross BlueShield Network S; Cigna LocalPlus; Cigna Open Access (surcharge applies)
REGION WHERE YOU LIVE OR WORK: East; Middle; West
SELECT A HEALTH PREMIUM LEVEL: employee only; employee + child(ren); employee + spouse; employee + spouse + child(ren)

PART 4: DENTAL COVERAGE SELECTION
SELECT A PLAN: MetLife DPPO; Cigna Prepaid DHMO
SELECT A DENTAL PREMIUM LEVEL: employee only; employee + child(ren); employee + spouse; employee + spouse + child(ren)

PART 5: VISION COVERAGE SELECTION
SELECT A PLAN: Basic Plan; Expanded Plan
SELECT A VISION PREMIUM LEVEL: employee only; employee + child(ren); employee + spouse; employee + spouse + child(ren)

PART 6: DISABILITY SELECTION (ST/UT/TBR)
SHORT TERM DISABILITY: 14/14 Elimination Period; 30/30 Elimination Period
LONG TERM DISABILITY (ST ONLY): 60%/90 day Elim Period; 60%/180 day Elim Period; 63%/90 day Elim Period; 63%/180 day Elim Period

TN

Old vs. New: Cancel Request Form

STATE OF TENNESSEE GROUP INSURANCE PROGRAM
INSURANCE CANCEL REQUEST APPLICATION
State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, TN 37243 • 800.253.9981 • fax 615.741.8196

PARTNERS FOR HEALTH

NAME	EDISON ID	EMPLOYER GROUP: ☐ HED ☐ STATE ☐ LOCAL ED ☐ LOCAL GOV

PART 1 — PARTICIPANT(S) CANCELING COVERAGE (ATTACH A SEPARATE SHEET IF NECESSARY)

I request to cancel ☐ medical ☐ dental ☐ STD ☐ LTD ☐ vision ☐ FSA/medical ☐ FSA/dep care ☐ FSA/limited ☐ Voluntary AD&D coverage on the participant(s) below due to:

☐ Reason marked in Part 2 below
☐ Prepaid dental; no participating general dentist within a 40-mile radius of my home (skip Parts 2 and 3 below)
☐ Disability; requires 30 days advance written notice (skip Parts 2 and 3 below)
☐ Employee ☐ Spouse ☐ Child(ren) (names):

INSTRUCTIONS

You and/or your dependent(s) may only cancel coverage under the state group insurance program during the annual enrollment period except for one of the following events. (Note: STD and/or LTD may be canceled during the year for any reason.)

1. You and/or your dependent(s) may cancel coverage if you lose eligibility or qualify to cancel for one of the reasons listed below. Only persons who qualify may cancel. You have 60 days from a qualifying event to submit documentation.
2. If enrolled in the prepaid dental option and there is no participating general dentist within a 40-mile radius of your home. The coverage end date will be the last day of the month that this form is received by Benefits Administration.

The purchase of a private policy is not a reason for cancellation of this coverage. Submit all documents to your agency benefits coordinator.

PART 2 — REASON TO REQUEST TO CANCEL

REASON	DOCUMENTATION REQUIRED
☐ Marriage, divorce, legal separation, annulment	Copy of marriage certificate or divorce decree or legal paperwork signed by judge and proof of other coverage (see #1 above)
☐ Birth, adoption, placement for adoption	Copy of birth certificate or adoption documents and proof of other coverage (see #1 above)
☐ Death of spouse, dependent	Copy of death certificate
☐ New employment, return from unpaid leave, change from part-time to full-time employement (spouse or dependent)	Letter on employer's company letterhead certifying date of insurance eligibility, date of return from unpaid leave or change in employment status
☐ Entitlement to Medicare, Medicaid, TRICARE	Letter of entitlement from Medicare, Medicaid or TRICARE or copy of new ID card
☐ Court decree or order	Copy of court decree or order signed by judge
☐ Open enrollment	Letter, on company letterhead, certifying date of eligibility for other coverage
☐ A change in your place of residence or workplace out of the national service area (i.e., move out of the U.S.)	Letter stating date of location change with member's new address
☐ Marketplace Enrollment	I attest that I am enrolled or intend to enroll in the Marketplace

PART 3 — REQUESTED COVERAGE END DATE

The coverage end date may either be the last day of the month prior to the eligibility date of other coverage or the last day of the month that the event occurred.	LAST DAY COVERAGE TO BE ACTIVE (MM/DD/YY)

STATE OF TENNESSEE GROUP INSURANCE PROGRAM
INSURANCE CANCEL REQUEST APPLICATION
State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue • Suite 1900 • Nashville, TN 37243 • Fax: 615.741.8196

PARTNERS FOR HEALTH
FOR EMPLOYEE

Name	Edison ID	Employer Group: ☐ UT ☐ TBR ☐ State ☐ Local Ed ☐ Local Gov

PART 1 — PARTICIPANT(S) CANCELING COVERAGE (attach a separate sheet if necessary)

I am requesting to cancel ☐ medical ☐ dental ☐ vision coverage on the participant(s) listed below due to:

☐ Becoming newly eligible for other coverage (mark reason in Part 2 below)
☐ Prepaid dental only; no participating general dentist within 40 miles of my home (skip Parts 2 and 3 below)

☐ Employee	☐ Child (provide name):		
☐ Spouse	☐ Child (provide name):		

INSTRUCTIONS

You and/or your dependent(s) may only cancel coverage under the state group insurance program during the annual enrollment transfer period except for one of the following events:

1. If you and/or your dependent(s) become newly eligible for coverage under another plan (**proof is required** and only the individual or individuals who become newly eligible for other coverage may cancel). You have **60 days** from the date that you and/or your dependent(s) become newly eligible for coverage to submit documentation.
2. If enrolled in the prepaid dental option and there is no participating general dentist within a 40-mile radius of your home. The coverage end date will be the last day of the month that this form is submitted to Benefits Administration.

The purchase of a private policy is not a reason for cancellation of this coverage. Submit all documents to your agency benefits coordinator.

PART 2 — REASON PARTICIPANT(S) HAS BECOME NEWLY ELIGIBLE UNDER ANOTHER PLAN

REASON	DOCUMENTATION REQUIRED
☐ Marriage	Copy of marriage certificate and proof of other coverage (see #1 above)
☐ Adoption / placement for adoption	Copy of adoption documents and proof of other coverage (see #1 above)
☐ New employment (self, spouse or dependent)	Letter, on company letterhead, from employer certifying date of eligibility
☐ Return from unpaid leave	Letter, on company letterhead, from employer certifying date of return from unpaid leave
☐ Entitlement to Medicare, Medicaid or TRICARE	Letter of entitlement from Medicare, Medicaid or TRICARE or copy of new ID card
☐ Birth	Copy of birth certificate and proof of other coverage (see #1 above)
☐ Divorce or legal separation	Copy of divorce decree or legal separation paperwork signed by judge and proof of other coverage (see #1 above)
☐ Court decree or order	Copy of court decree or order signed by judge
☐ Open enrollment	Letter, on company letterhead, certifying date of eligibility for other coverage
☐ A change in your place of residence or workplace out of the national service area (i.e., move out of the U.S.)	Letter stating date of location change with member's new address
☐ From part-time to full-time employment (spouse or dependent)	Letter, on company letterhead, from employer certifying change in status
☐ Marketplace Enrollment	I attest that I am enrolled or intend to enroll in the Marketplace

PART 3 — REQUESTED COVERAGE END DATE

The coverage end date may either be the last day of the month prior to the eligibility date of other coverage or the last day of the month that the event occurred.	Last day coverage to be active (mm/dd/yy)

TN

Questions?

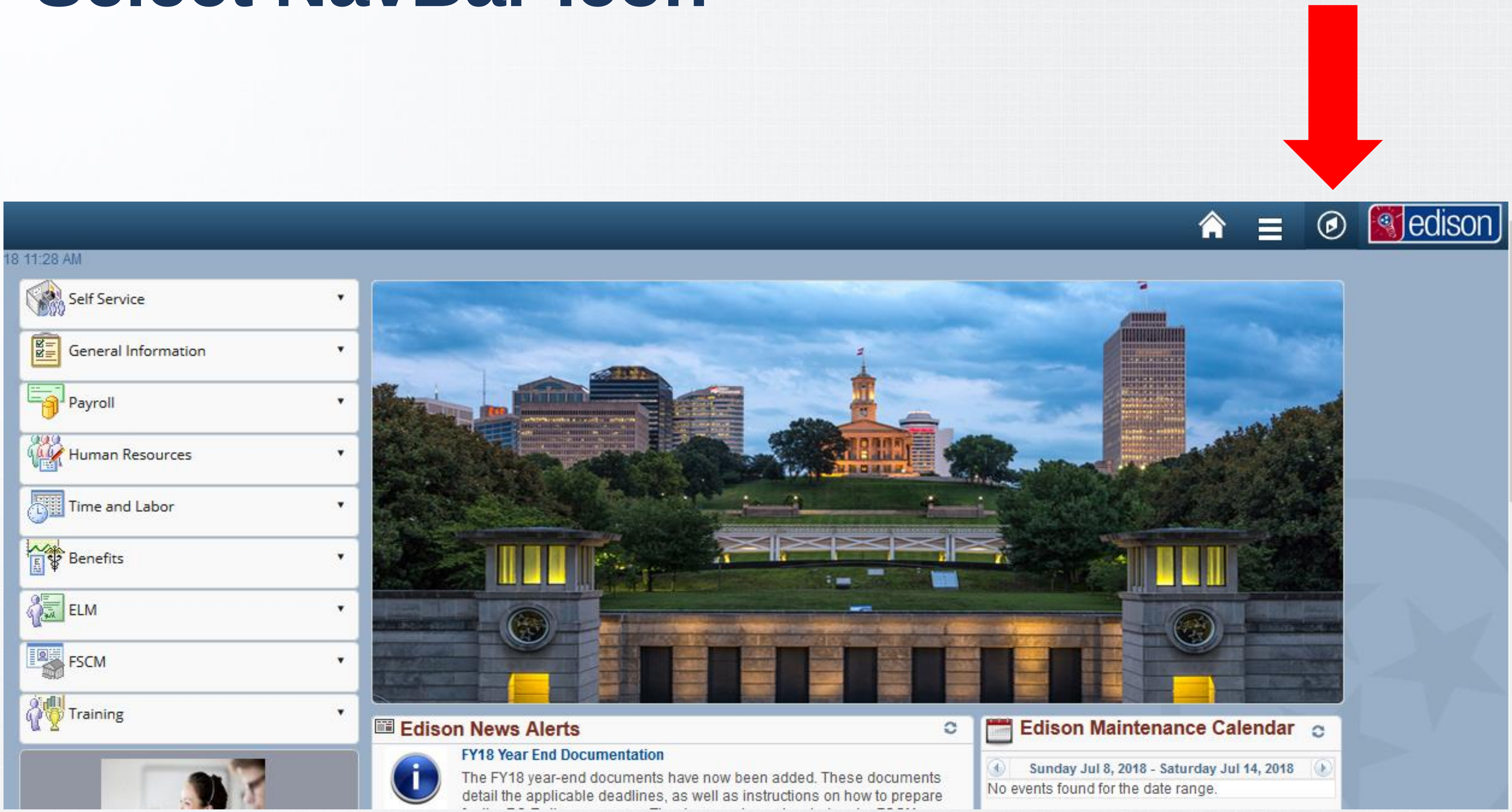
Department of Finance & Administration

Agency Benefits Coordinator Meeting

Edison: Training Sign-Up

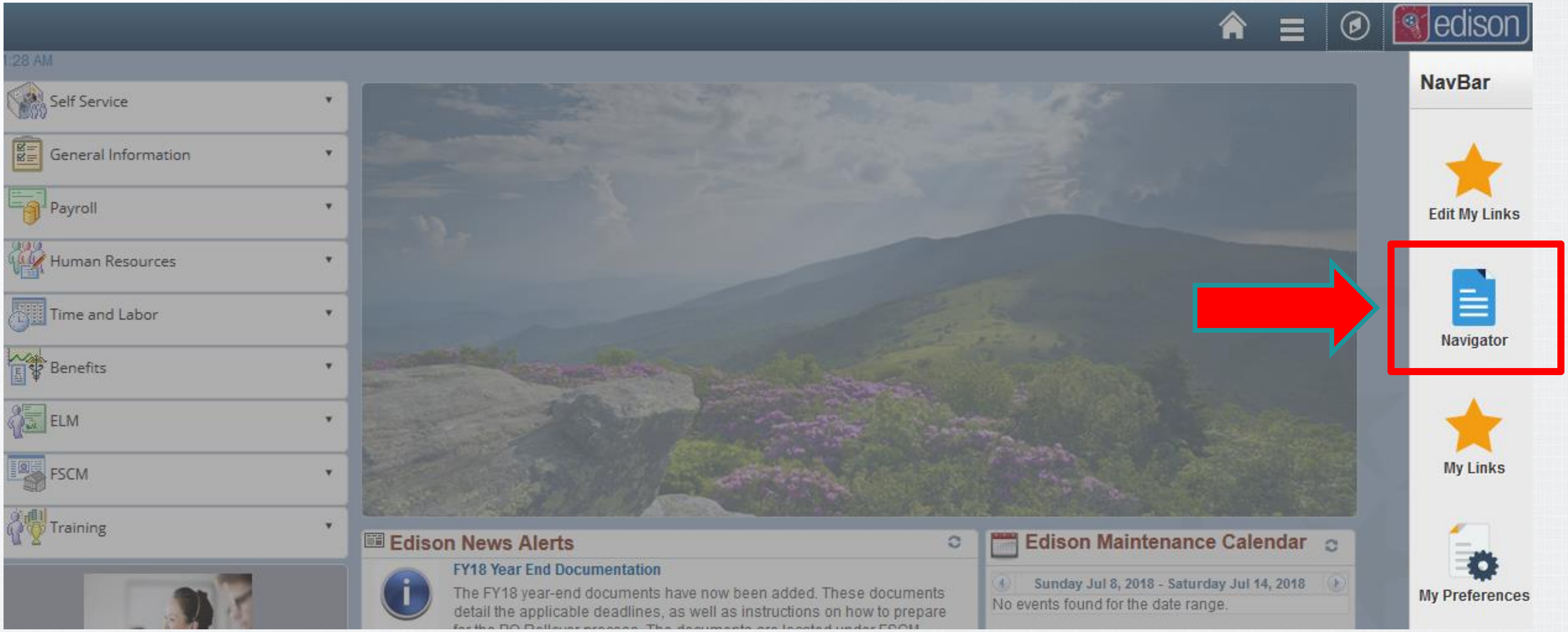
August 2018

Select NavBar Icon

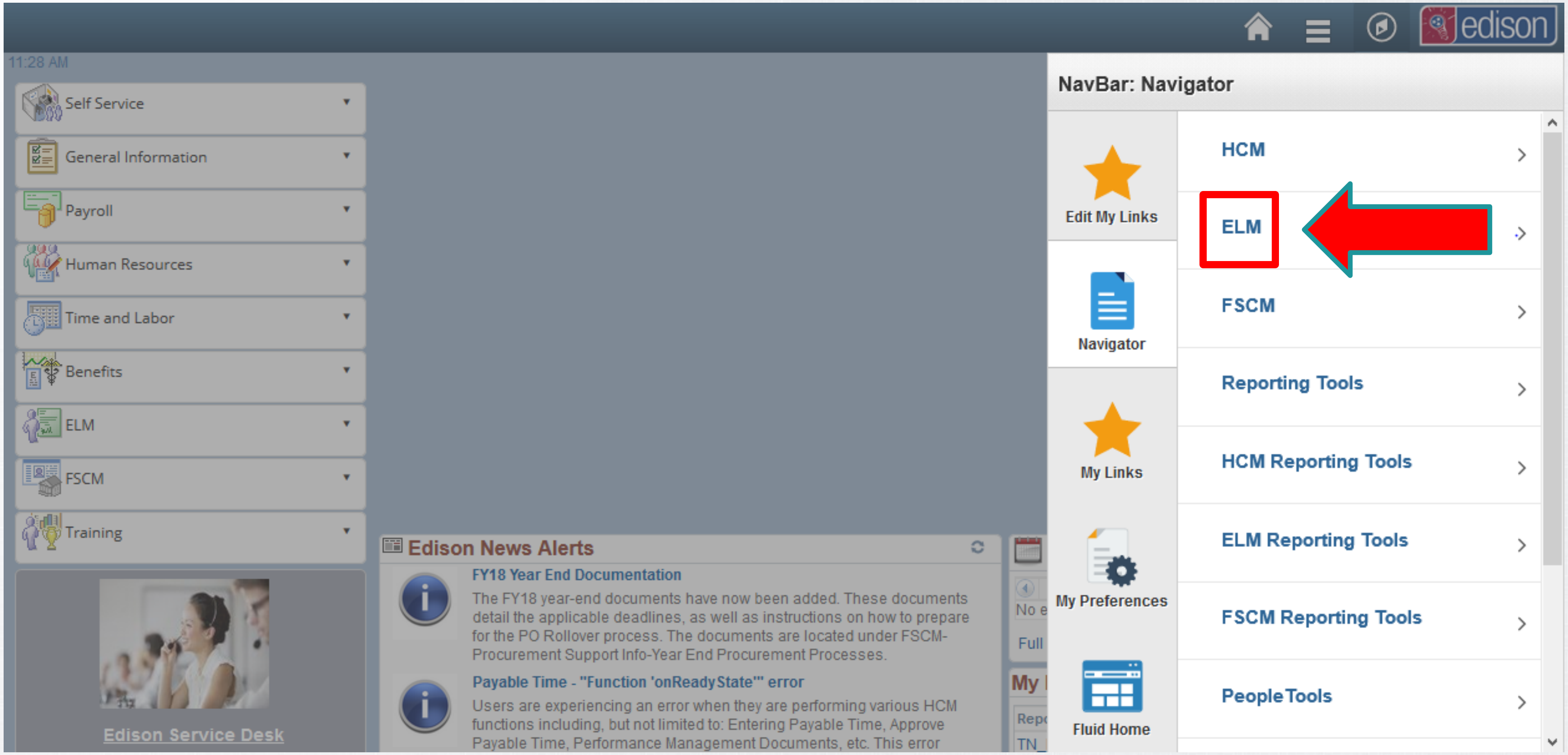


TN

Select Navigator Icon

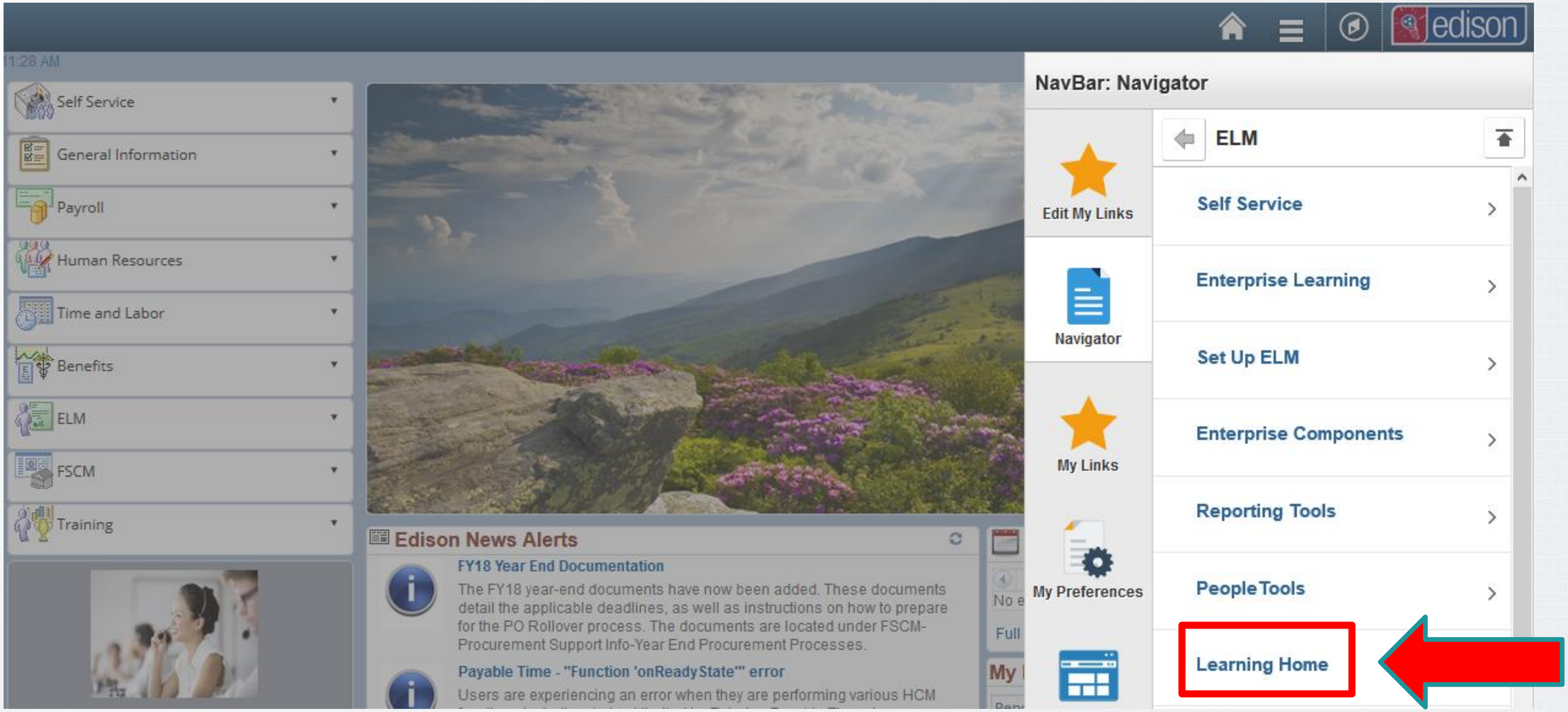


Select ELM

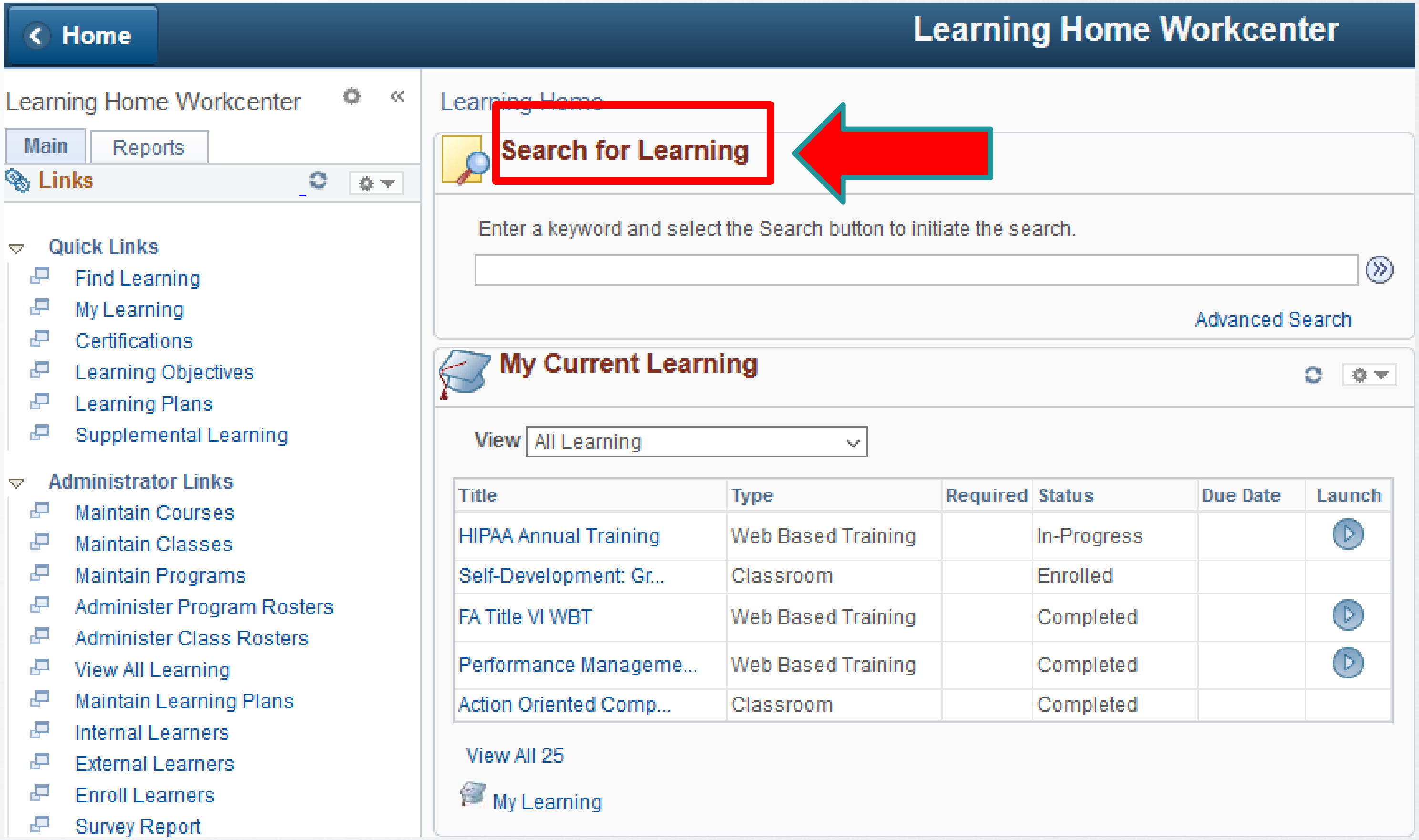


11:28 AM
Self Service
General Information
Payroll
Human Resources
Time and Labor
Benefits
ELM
FSCM
Training
Edison Service Desk
Edison News Alerts
FY18 Year End Documentation
The FY18 year-end documents have now been added. These documents detail the applicable deadlines, as well as instructions on how to prepare for the PO Rollover process. The documents are located under FSCM-Procurement Support Info-Year End Procurement Processes.
Payable Time - "Function 'onReadyState'" error
Users are experiencing an error when they are performing various HCM functions including, but not limited to: Entering Payable Time, Approve Payable Time, Performance Management Documents, etc. This error
edison
NavBar: Navigator
Edit My Links
Navigator
My Links
My Preferences
Fluid Home
HCM
ELM
FSCM
Reporting Tools
HCM Reporting Tools
ELM Reporting Tools
FSCM Reporting Tools
PeopleTools

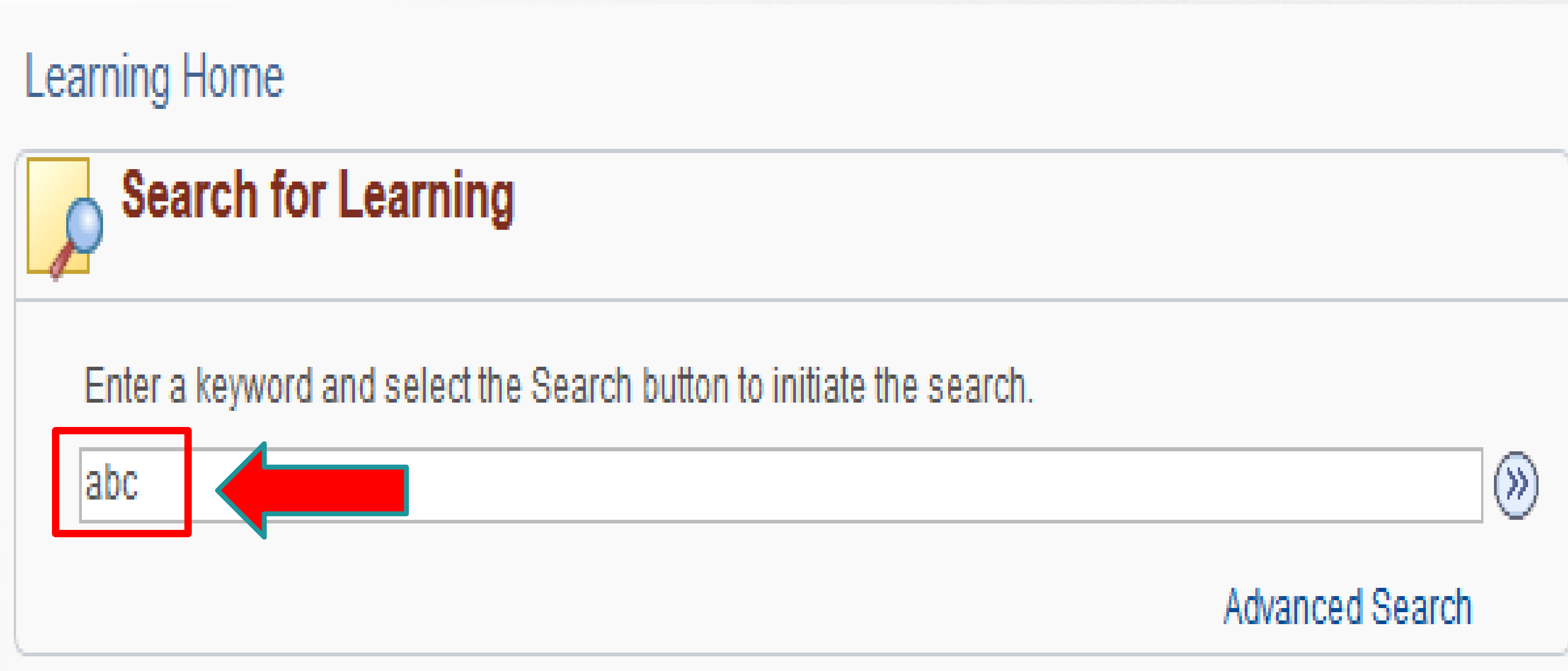
Select Learning Home



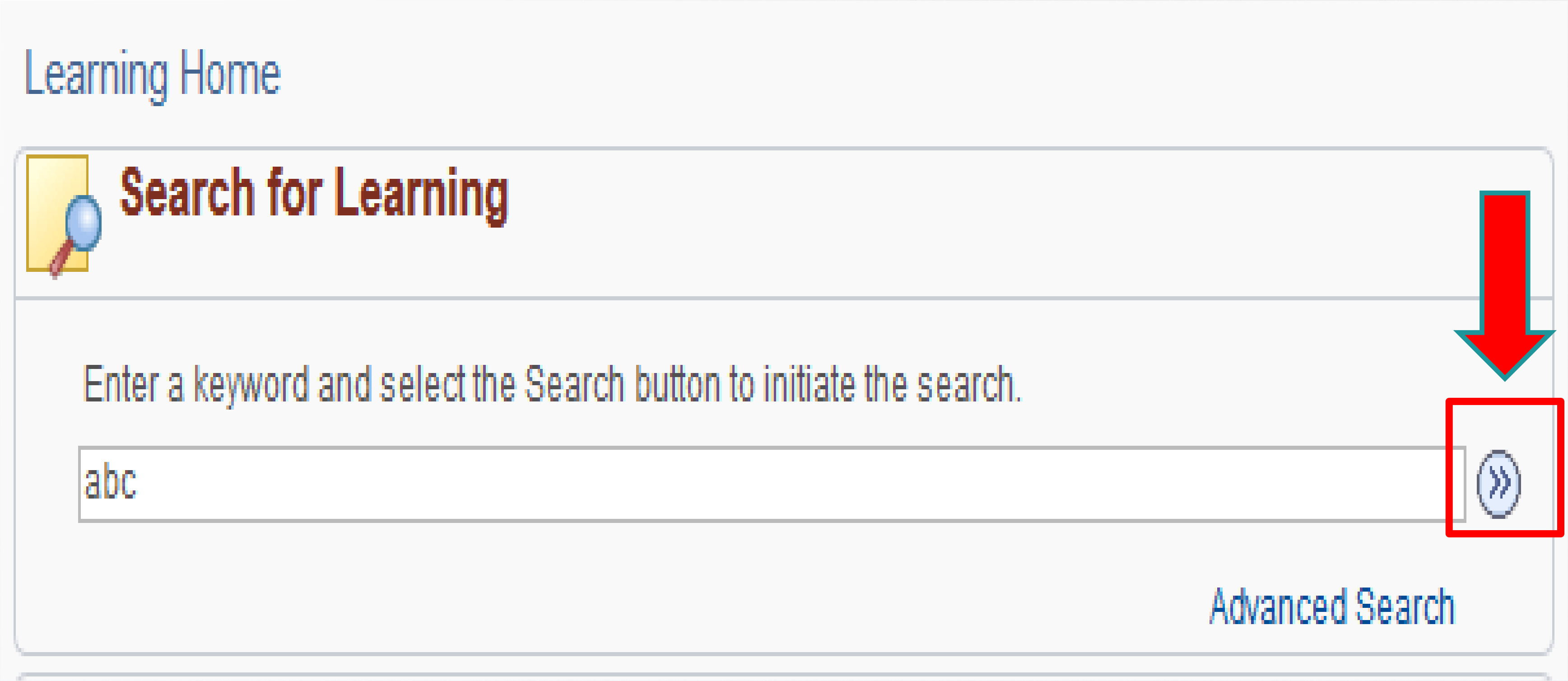
Find Search for Learning



Type “abc” in the Search Bar



Click the “Arrows” Button



Select the Appropriate Class or Classes

ABC Training Webinar (ABCT 5000) State/Higher Ed (Session 1)

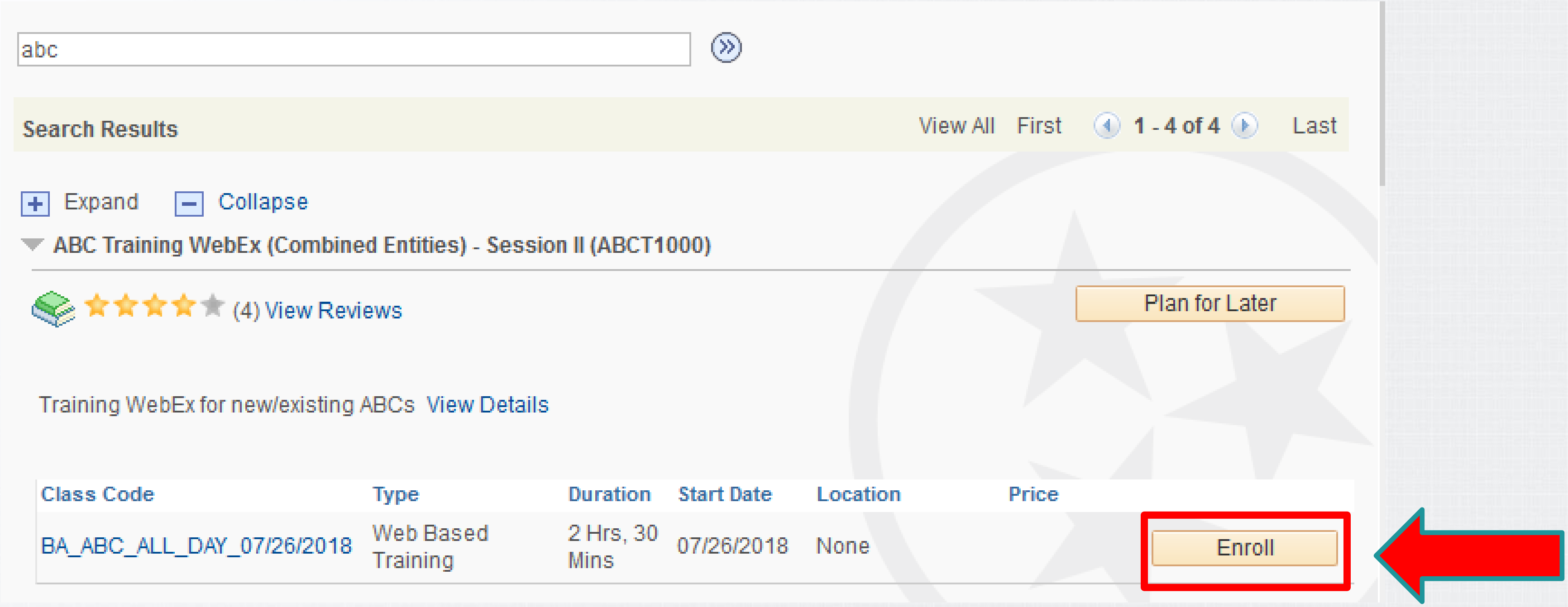
ABC Training Webinar (ABCT 3000) Local Education (Session 1)

ABC Training Webinar (ABCT 2000) Local Government (All Day)

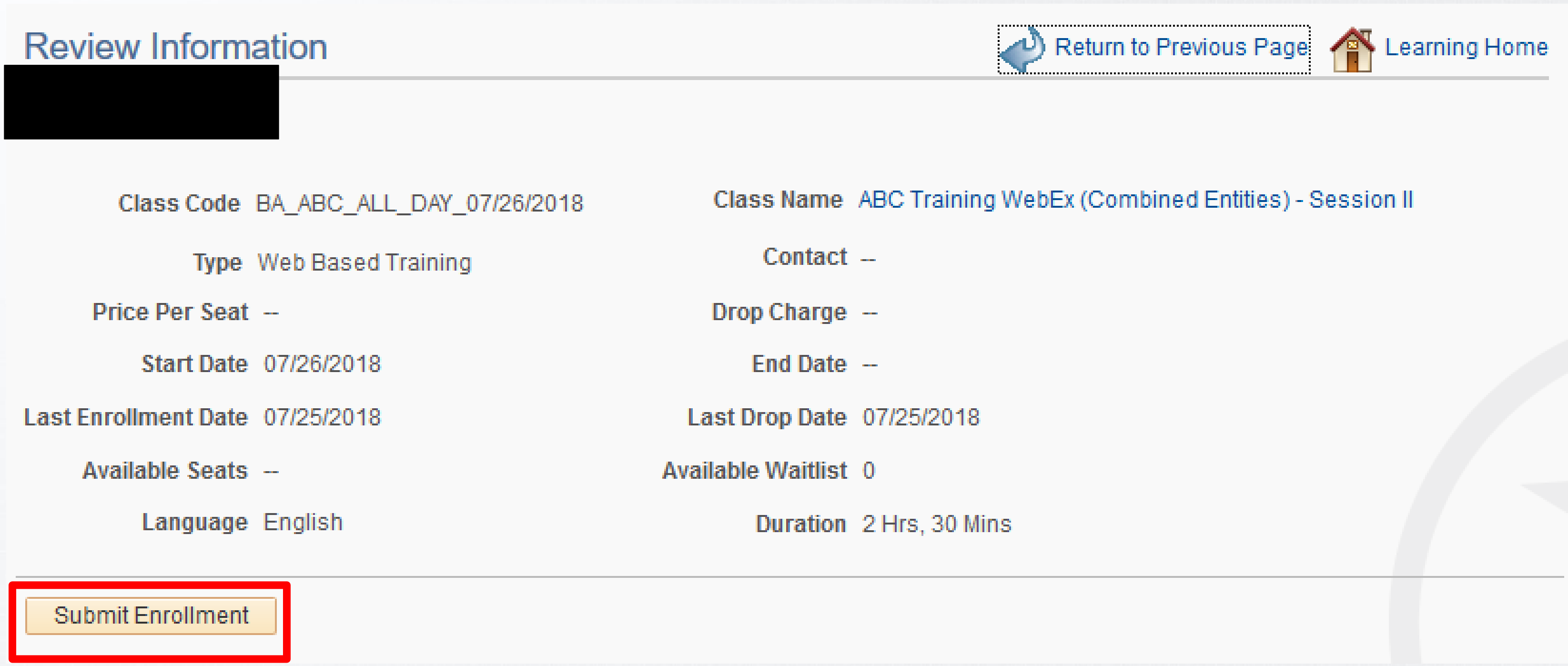
ABC Training Webinar (ABCT 1000) Combined Entities (Session 2)

ABC Workshops (ABCT4000) – Workshops on various topics for New and Established ABCs

Select “Enroll”



Select “Submit Enrollment”



Confirmation

Review Information

Return to Previous Page   Learning Home

[redacted]

✔ You have successfully enrolled in ABC Training WebEx (Combined Entities) - Session II. This change in status will be updated on the My Learning page.

Class Code	BA_ABC_ALL_DAY_07/26/2018	Class Name	ABC Training WebEx (Combined Entities) - Session II
Type	Web Based Training	Contact	--
Price Per Seat	--	Drop Charge	--
Enrollment Status	Enrolled	Confirmation Number	4411951
Start Date	07/26/2018	End Date	--
Last Enrollment Date	07/25/2018	Last Drop Date	07/25/2018
		Duration	2 Hrs, 30 Mins

Additional Information

- All ABC training is conducted via webinar.
- A WebEx link will be provided by email the day before the scheduled training.
- Upcoming ABC workshops and New ABC trainings can be found on the training calendar that is posted under the training section on the website.
- If you need additional assistance with ELM enrollment, you can watch a short video by following the link below:

  https://youtu.be/PnY2H3LElvw

TN

Questions?

Department of Finance & Administration

Agency Benefits Coordinator Meeting

Queries

August 2018

Queries to Run Monthly

- **TN_BA142_TEMP_PRIMARY_NID_DEP** **-** This query will show you all of the dependents that have a temporary Social Security Number and the name of the employee for that dependent. If you do not have the permanent SSN, you will need to get this information from the employee.

- **TN_BA142_TEMP_PRIMARY_NID_EMPL** **-** This query will show you all of your employees that have a temporary Social Security Number. If you do not have the permanent SSN, you will need to get this information from the employee.

- **TN_BA313_ADDRESS_CHANGES** **-** Shows all the addresses that have been updated for an agency.

ESS and AE Queries
(Descriptions and Prompts to Run)

TN_BA133_AUDIT_OPEN_ENRL_ESS

Prompts	When to Run	Intended Results
Edison Employee ID: 00xxxxxx	During/After AE	This query will show all of an employee's elections made through ESS with a date/time stamp. If the employee submits the enrollment multiple times, all of the activity will show on this report.

This information will be returned with the Header Title at the Top of the query:

- **Employee ID**
- **Employee Record**
- **Dependent Number**
- **Employee or Dependent Name**
- **Plan Type (Medical, Dental, Vision, etc.)**
- **Election (Elect or Waive)**
- **Plan (BCBS, Cigna, etc.)**
- **Description of Plan**
- **Coverage Code**
- **Annual Pledge (only for State Flex)**
- **Schedule ID (Open Enrollment or New Hire)**
- **Date and Time of Election**
- **Election after Submit**

TN

TN_BA219_AETP_INS_ELECTIONS

Prompts	When to Run	Intended Results
Event Date: 01/01/YYYY	During AE	This query will show who has made changes to their health insurance during AE. It will show the old coverage and the new coverage.

This information will be returned with the Header Title at the Top of the query:

- **Business Unit**
- **Employee ID**
- **Benefit Record**
- **Name**
- **Benefit Program**
- **Plan Type (Medical, Dental, Vision, etc.)**
- **Coverage Begin Date**
- **New Benefit Plan (BCBS, MetLife, etc.)**
- **New Coverage Code (Single, etc.)**
- **Old Benefit Plan**
- **Old Coverage Code**
- **Election Source**

TN_BA219_NEW_HIRE_ESS

Prompts	When to Run	Intended Results
From Coverage Begin Date: MM/DD/YYYY To Coverage Begin Date: MM/DD/YYYY	Monthly	This query will show everyone who has not submitted an enrollment, including those who have made changes in ESS but have not submitted their enrollment. They will need to go back and submit for the changes to take effect.

This information will be returned with the Header Title at the Top of the query:

- **Employee ID**
- **Last and First Name**
- **Email**
- **Department ID**
- **Department Description**
- **Reason Not Submitted**
- **County**

TN

TN_BA219_OE_NOT_SUBMITTED

Prompts	When to Run	Intended Results
Event Date: 01/01/20YY	Weekly During AE	This query will show everyone who has not submitted an enrollment, including those who have made changes in ESS but have not submitted their enrollment. They will need to go back and submit for the changes to take effect. Look for the employees with "SAVED" in the "Saved but not Submitted" column in the query.

This information will be returned with the Header Title at the Top of the query:

- **Employee ID**
- **Last and First Name**
- **Email**
- **Department ID**
- **Department Description**
- **Reason Not Submitted**
- **County**

TN_BA265_OE_ELECTIONS_IN_ESS

Prompts	When to Run	Intended Results
Schedule ID: OEGYY - Local Government OEHYY - Higher Education OESYY - State OETYY - Local Education	During/After AE	This query is an audit of all elections made by your employees during AE. If they submit an enrollment multiple times, each enrollment they submit will show with a date and time stamp.

This information will be returned with the Header Title at the Top of the query:

- **Department ID**
- **Employee ID**
- **Employee Record**
- **Name**
- **Plan Type (Medical, Dental, Vision, etc.)**
- **Election**
- **Plan (BCBS, Dental, Vision, etc.)**
- **Plan Description**
- **Coverage Code (Single, etc.)**
- **Annual Pledge (State Flex only)**
- **Schedule ID**
- **Date and Time of Submission**
- **Elect After Submission**

TN_BA311_ESS_NEW_DEPENDENTS

Prompts	When to Run	Intended Results
Class: ALL – State New Employees NHE – Higher Ed New Employees NHR - LE/LG New Employees Beginning Event Date: MM/DD/YYYY Ending Event Date: MM/DD/YYYY	Monthly	This query will show you all new dependents that were added by the employee through ESS. This can be used for new hires or during AE.

This information will be returned with the Header Title at the Top of the query:

- **Department ID**
- **Position Number**
- **Class (You selected this)**
- **Schedule ID**
- **Event Date**
- **Employee ID**
- **Employee Record**
- **Employee Name**
- **Benefit Program (GA1, GA2, TEA, etc.)**
- **Plan Type (Medical, Dental, Vision, etc.)**
- **Dependent Number**
- **Dependent Name**
- **Proof Received (Dependent Verification)**

TN

TN_BA219_DISABIL_COVERAGE

Prompts	When to Run	Intended Results
Coverage Begin Date: 01/01/YYYY	Monthly	Identifies the disability elections based on the coverage begin date.

This information will be returned with the Header Title at the Top of the query:

- **Dept. ID**
- **Position Number**
- **Business Unit**
- **Employee ID**
- **National ID (Social Security Number)**
- **Name**
- **Plan Type**
- **Coverage Begin Date**
- **Description**
- **Plan**

TN

Questions?

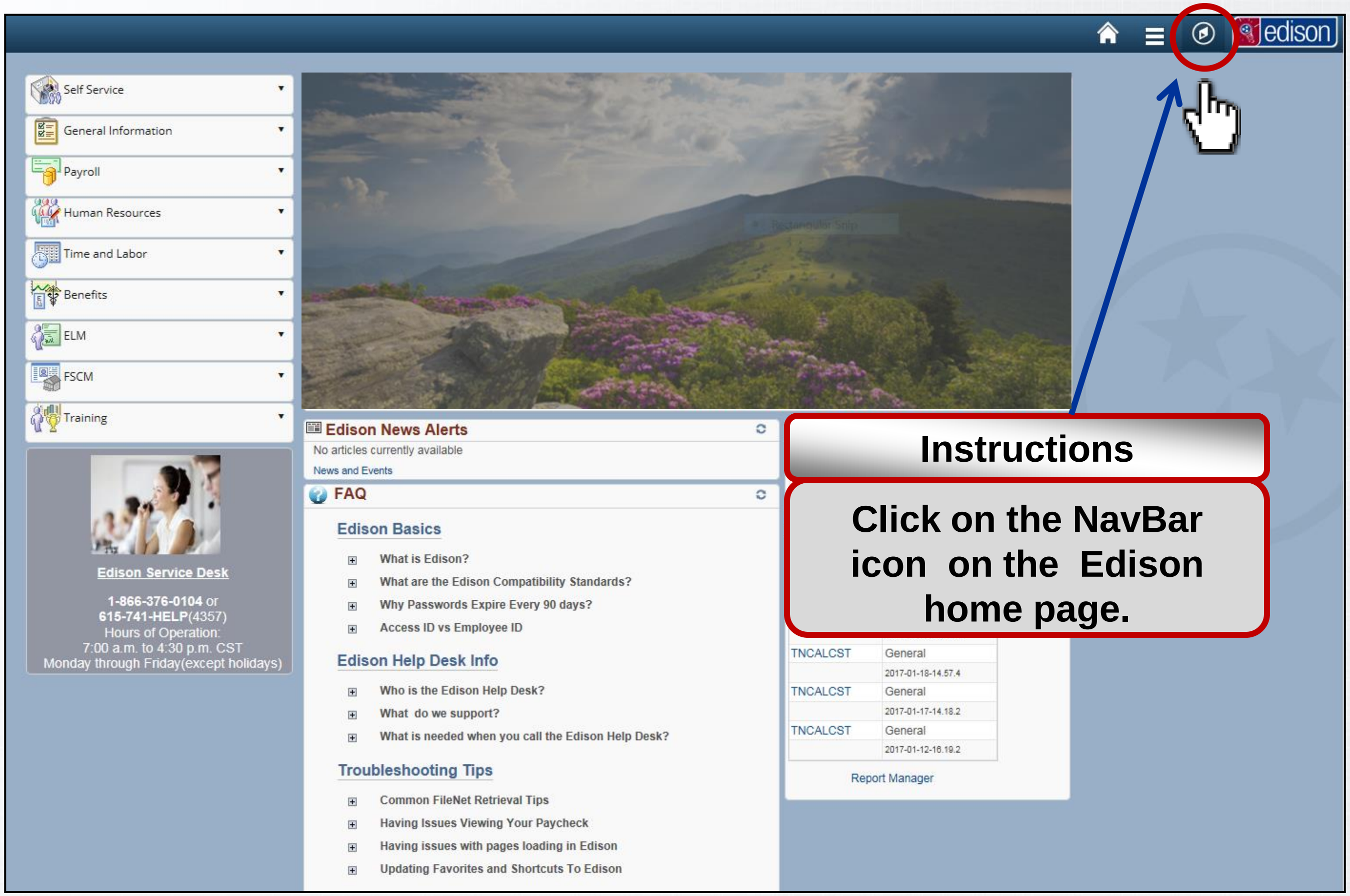
Department of Finance & Administration

Agency Benefits Coordinator Meeting

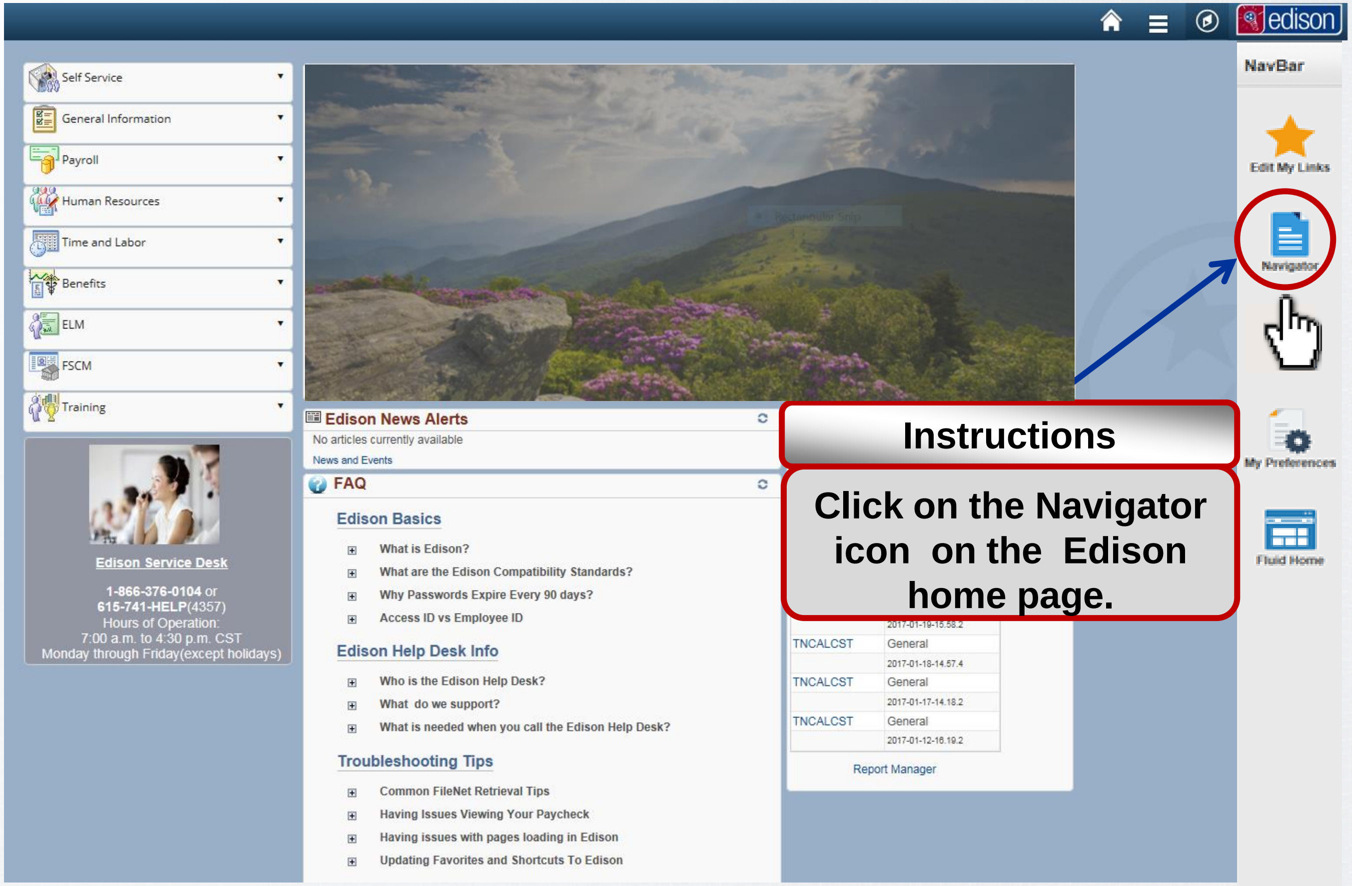
Manually running a past collections applied report

August 2018

Edison Home Page - NavBar



Edison Home Page - Navigator



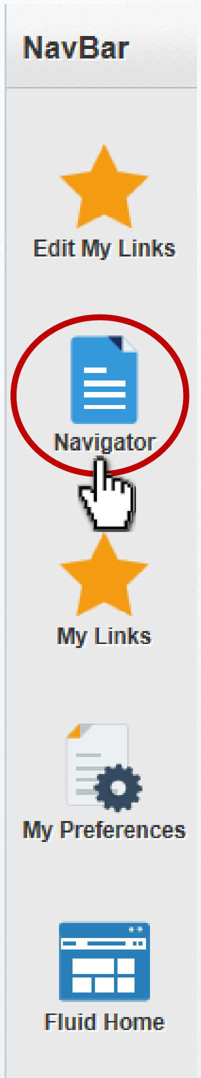
Instructions

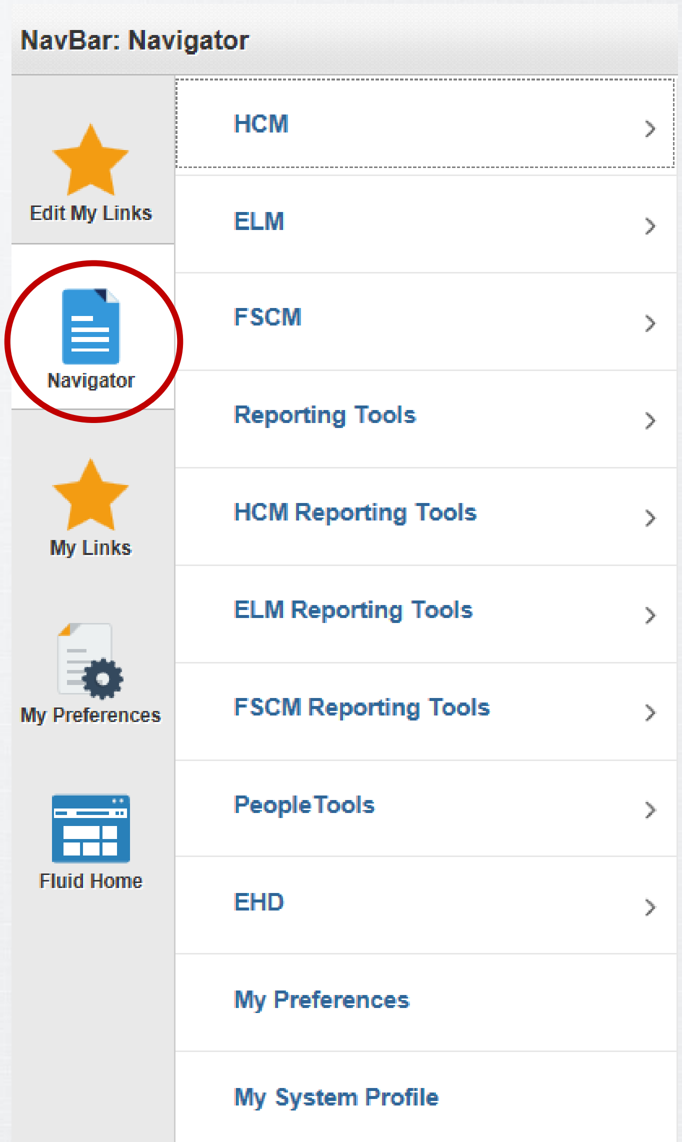
Click on the Navigator icon on the Edison home page.

Navigator Menu

Instructions

Click on the "Navigator" icon in the NavBar.

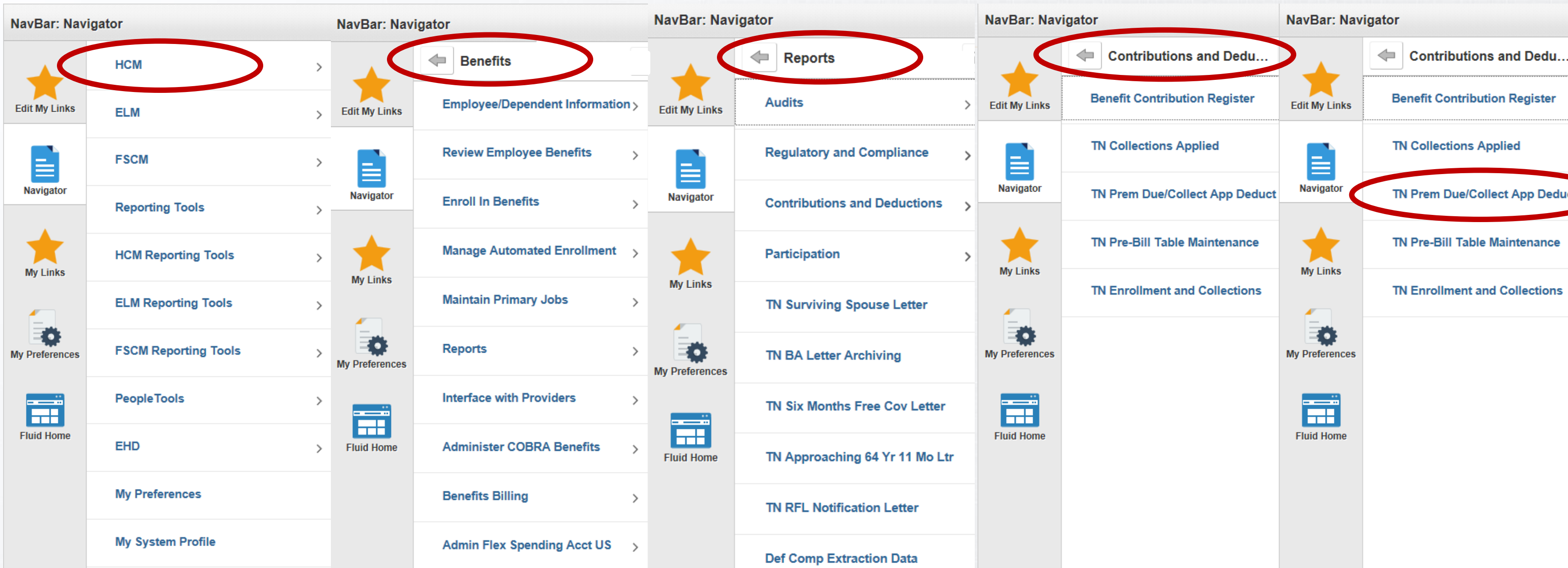




Instructions

After clicking the "Navigator" icon you will view the Navigator menu.

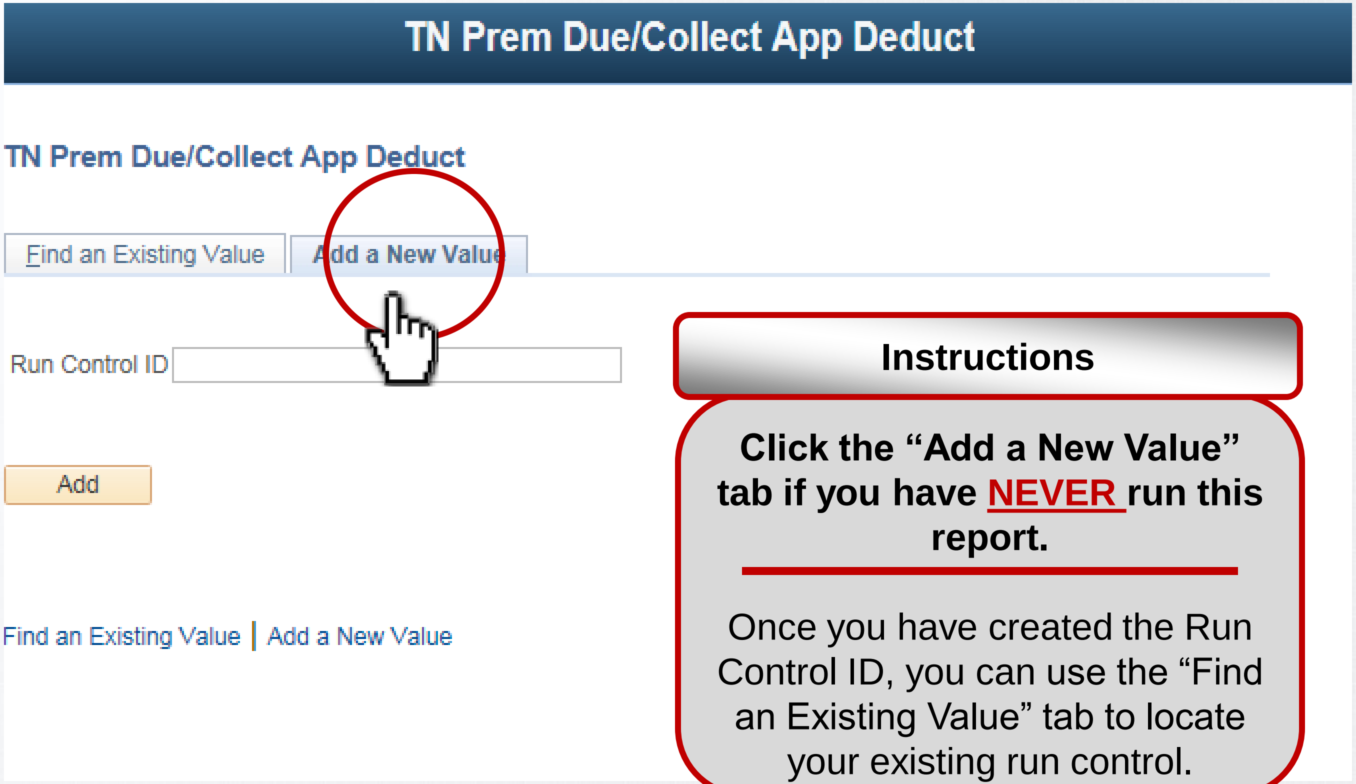
HCM>Benefits>Reports>Contributions and Deductions>TN Prem/Collect App Deduct



Instructions

Click the “HCM” link on the “Main Menu.” Then from the “HCM” menu click on the “Benefits” link. From the “Benefits” menu, click on the “Reports” link. From the “Reports” menu, click on the “Contributions and Deductions” link. Click the “TN Prem Due/CollectApp Deduct” link.

TN Prem Due/Collect App Deduct

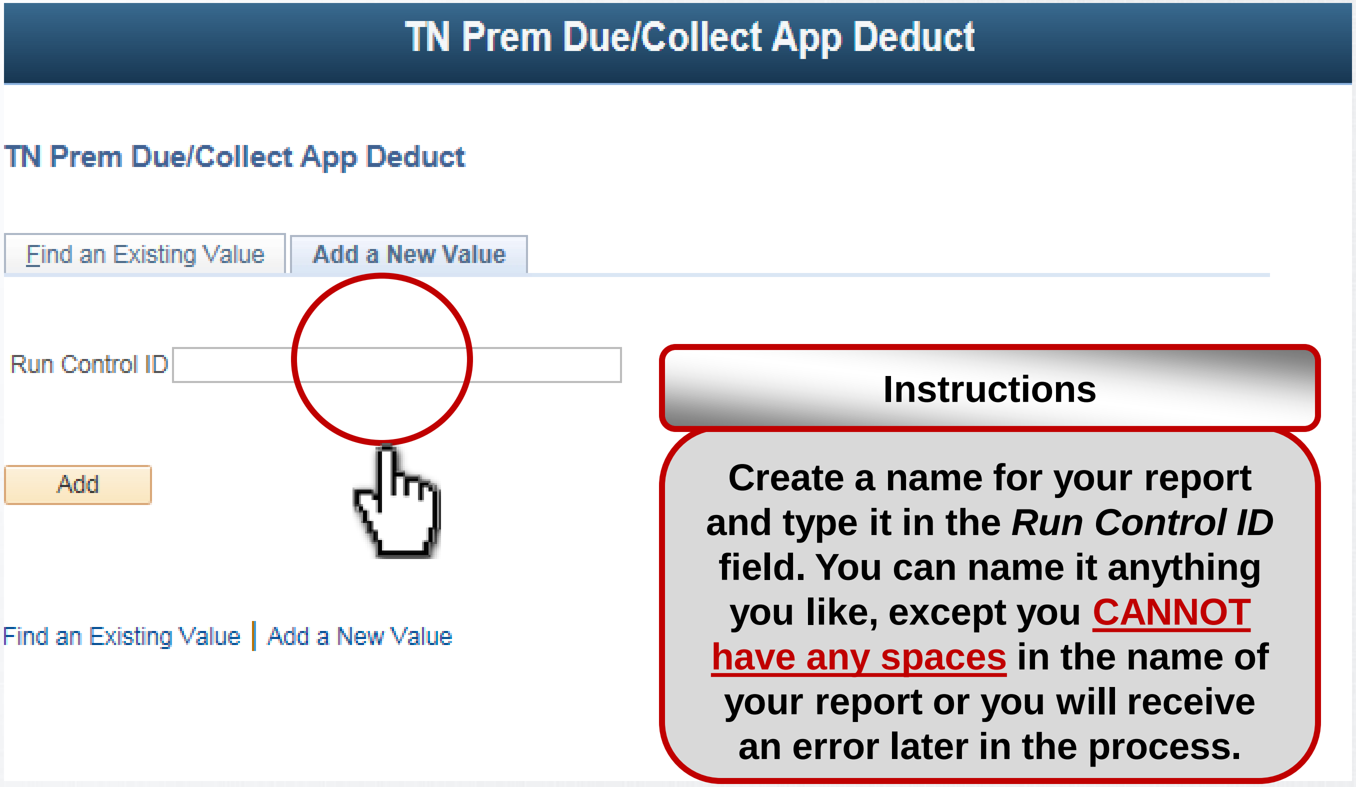


Instructions

Click the "Add a New Value" tab if you have <u>NEVER</u> run this report.

Once you have created the Run Control ID, you can use the "Find an Existing Value" tab to locate your existing run control.

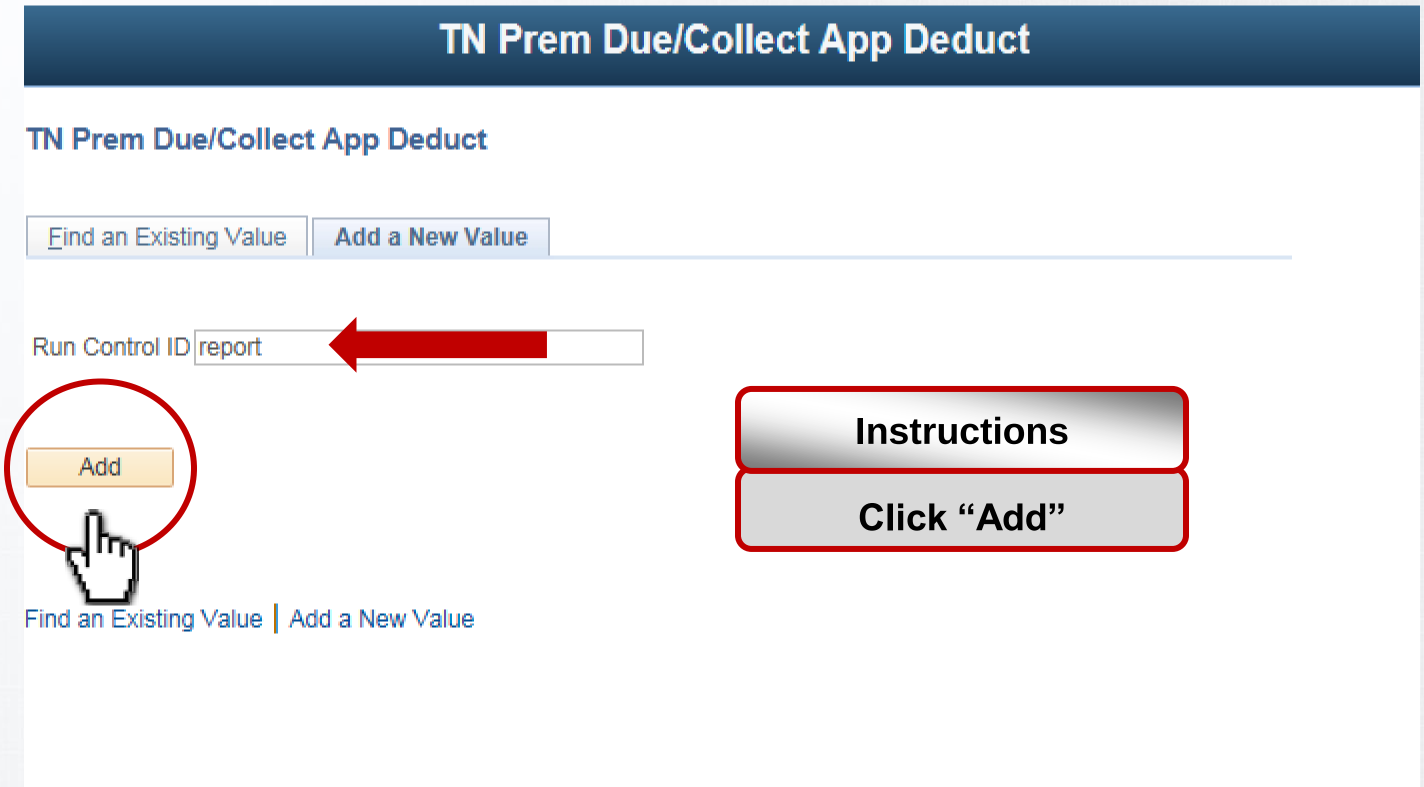
TN Prem Due/Collect App Deduct



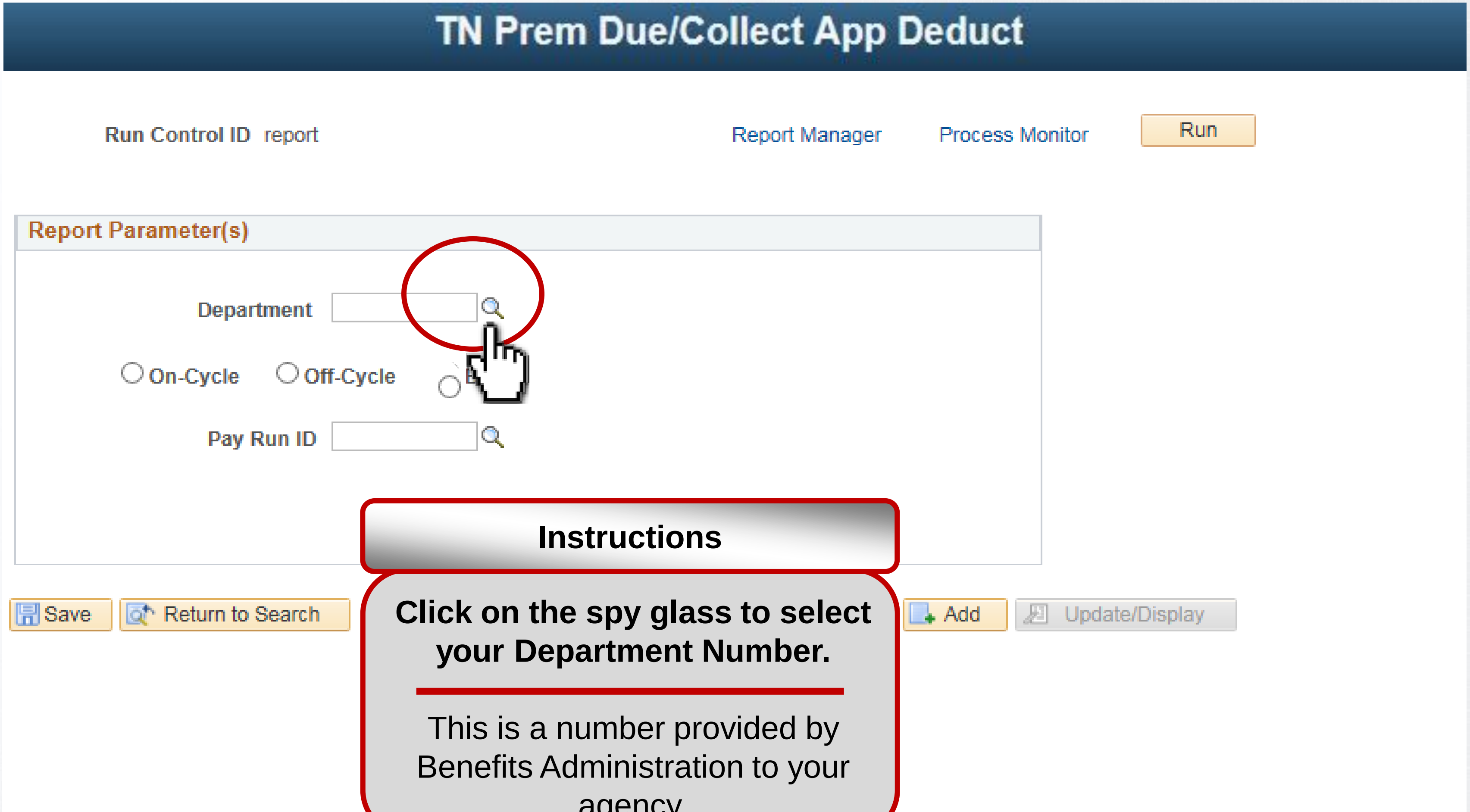
Instructions

Create a name for your report and type it in the *Run Control ID* field. You can name it anything you like, except you <u>CANNOT have any spaces</u> in the name of your report or you will receive an error later in the process.

TN Prem Due/Collect App Deduct



Select Agency Dept. Number



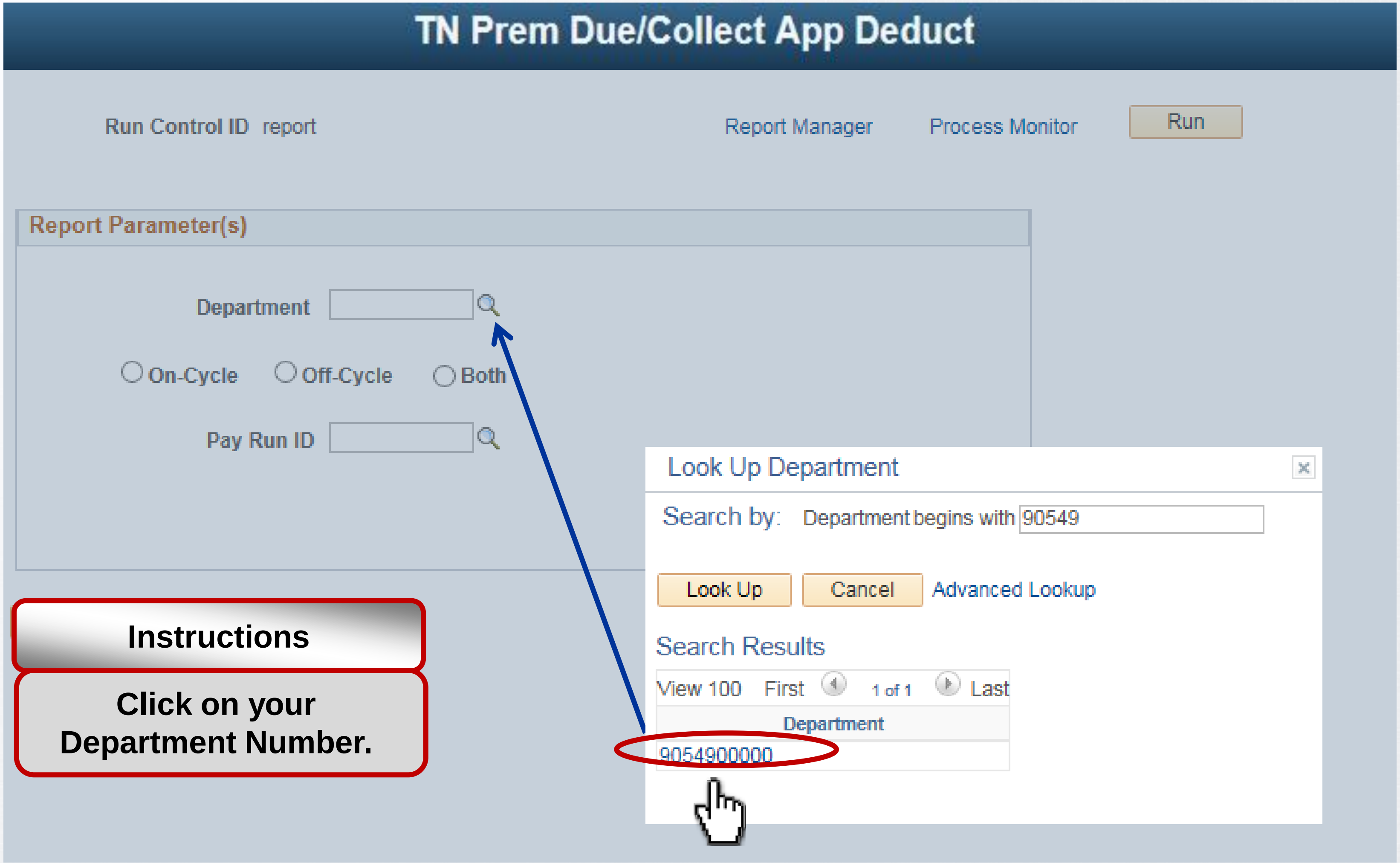
Instructions

Click on the spy glass to select your Department Number.

This is a number provided by Benefits Administration to your agency.

If you click on the magnifying glass and a **Department Number ***doesn't*** populate, please contact our service center or create a Zendesk Ticket for assistance.**

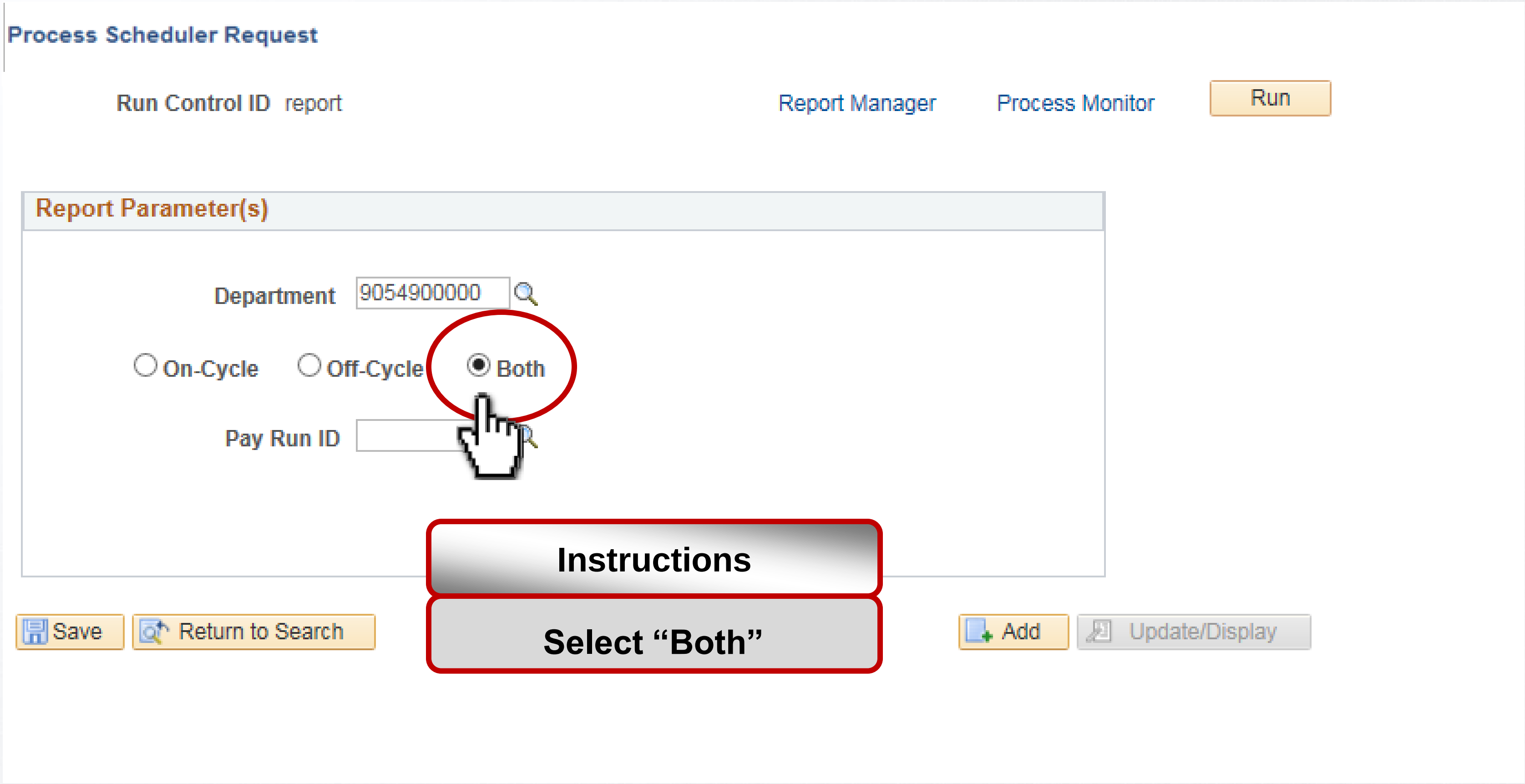
Select Department Number



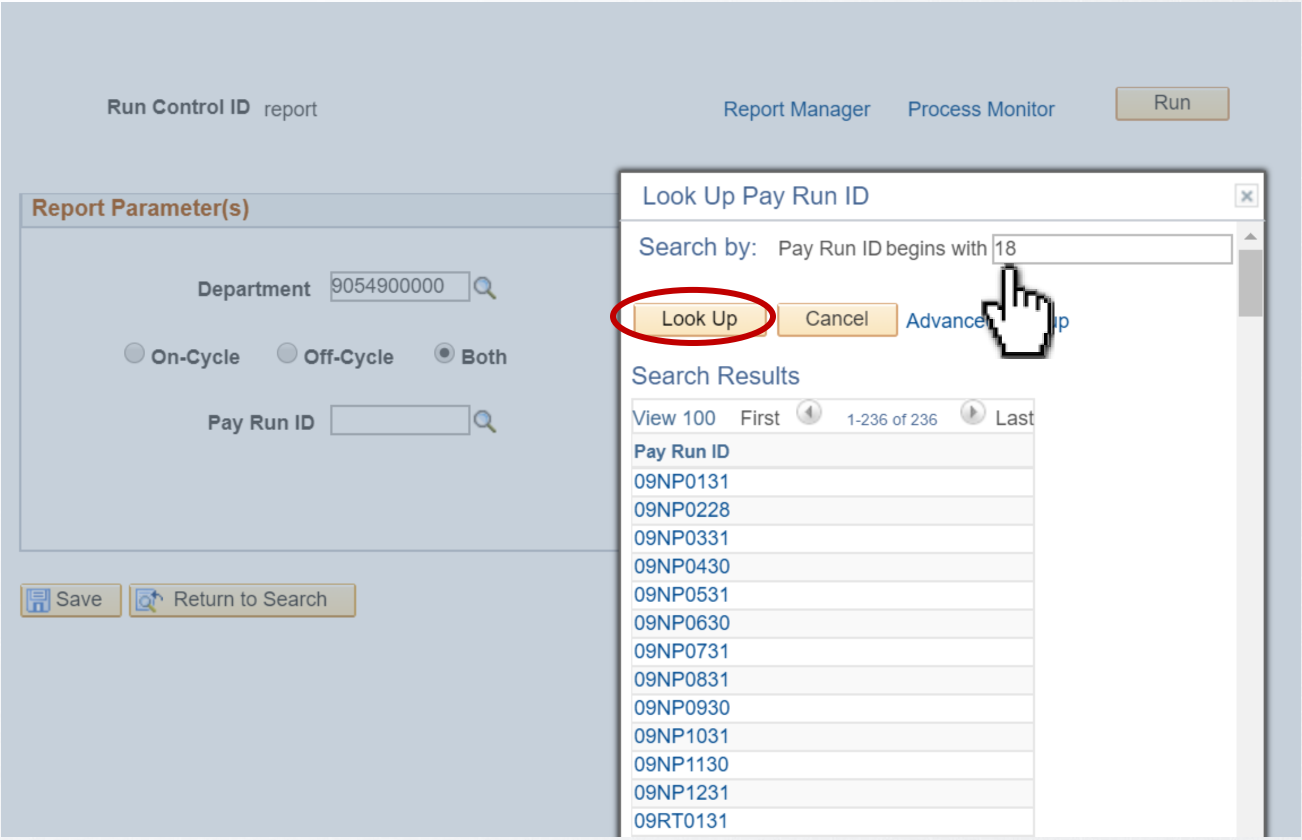
Instructions

Click on your Department Number.

Select Both


Process Scheduler Request
Run Control ID report
Report Manager
Process Monitor
Run
Report Parameter(s)
Department 9054900000
On-Cycle
Off-Cycle
Both
Pay Run ID
Instructions
Select "Both"
Save
Return to Search
Add
Update/Display

Select the Date you Wish to See

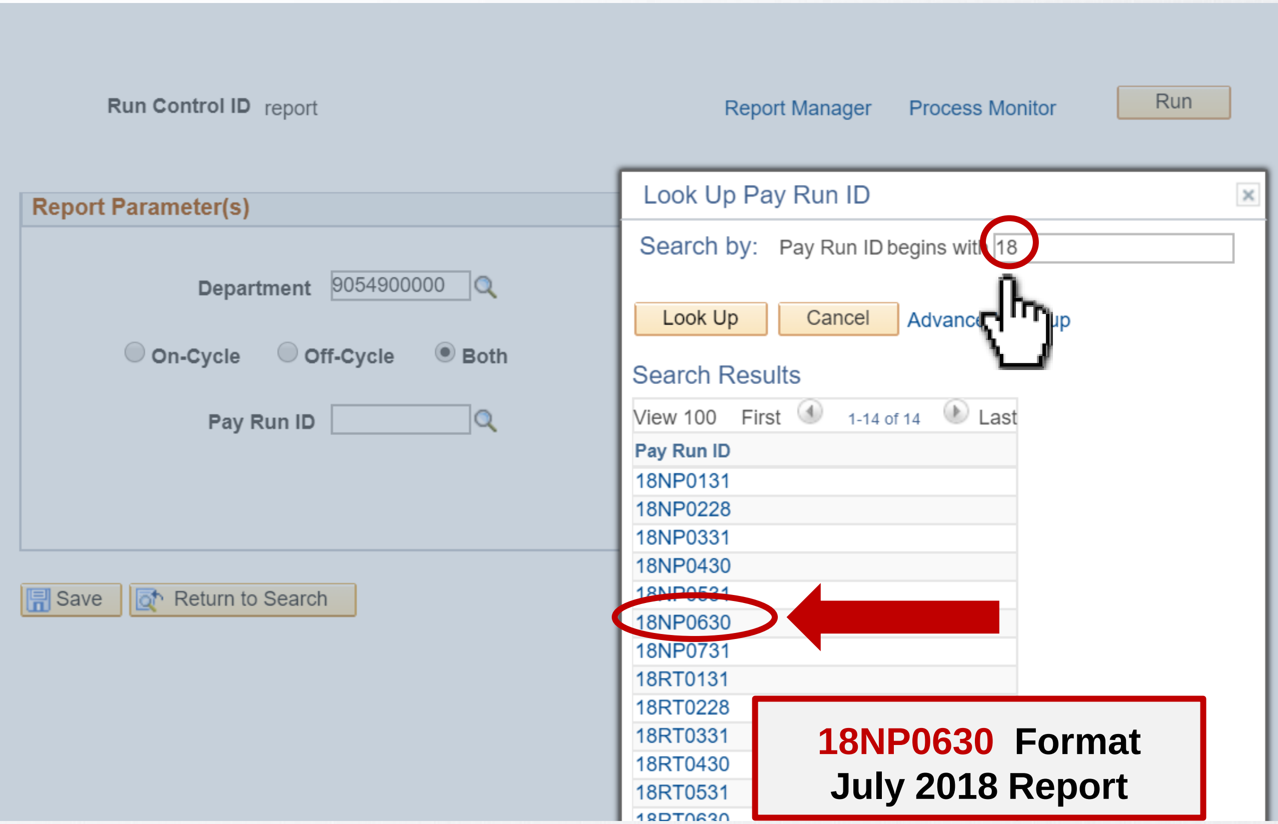


Enter the **Year (18)** of the report you wish to see in the Look Up Pay Run ID Field.

If you do not enter a specific year you will view a list of every year until current.

NOTE: Enter 18 (Year) to view the current year report. Click "Look Up."

Select the Date you Wish to See



Instructions

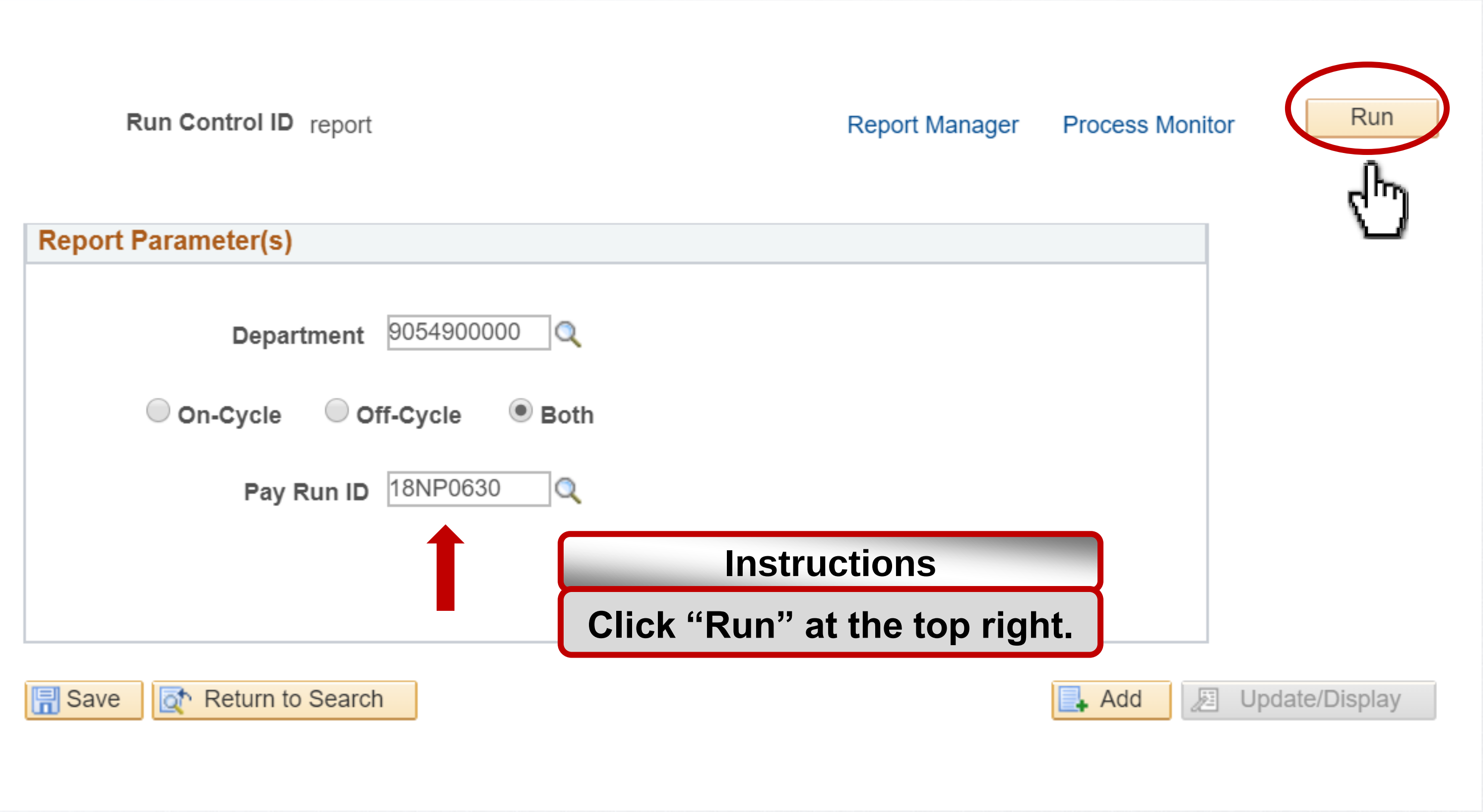
The Pay Run ID has a specific format. The first two digits are the year, followed by **NP** for "non-payroll", followed by two digits for the month and two digits for the last day of the month.

Click the date you wish to see

In this example we want to see the deductions taken from active employees for coverage during the month of **July 2018** so we select **18NP0630**. These deductions will be pulled via ACH from the agency's account on **7/15/2018**.

Note: ***Never*** use **RT** = Blank Report

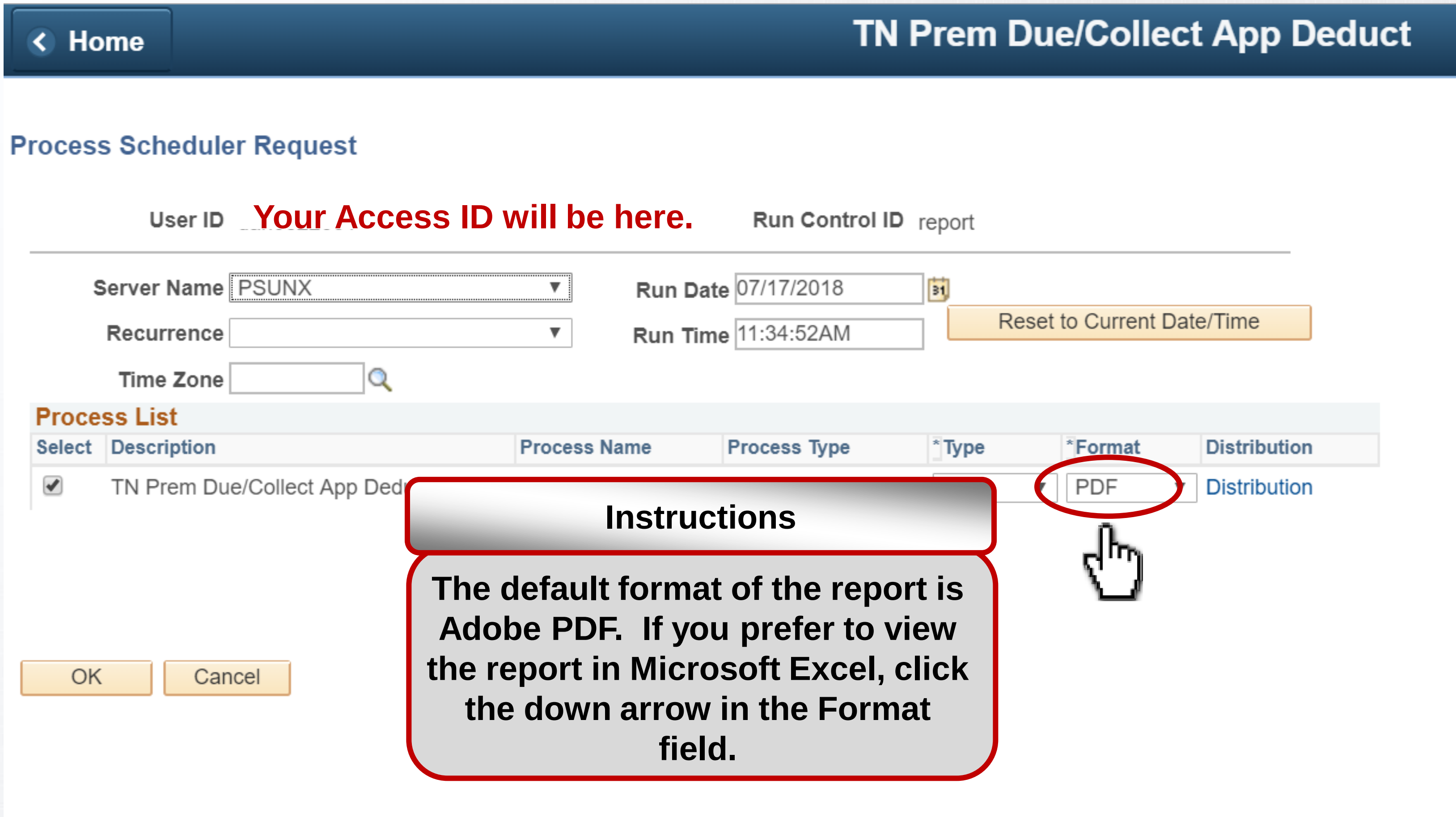
Click Run



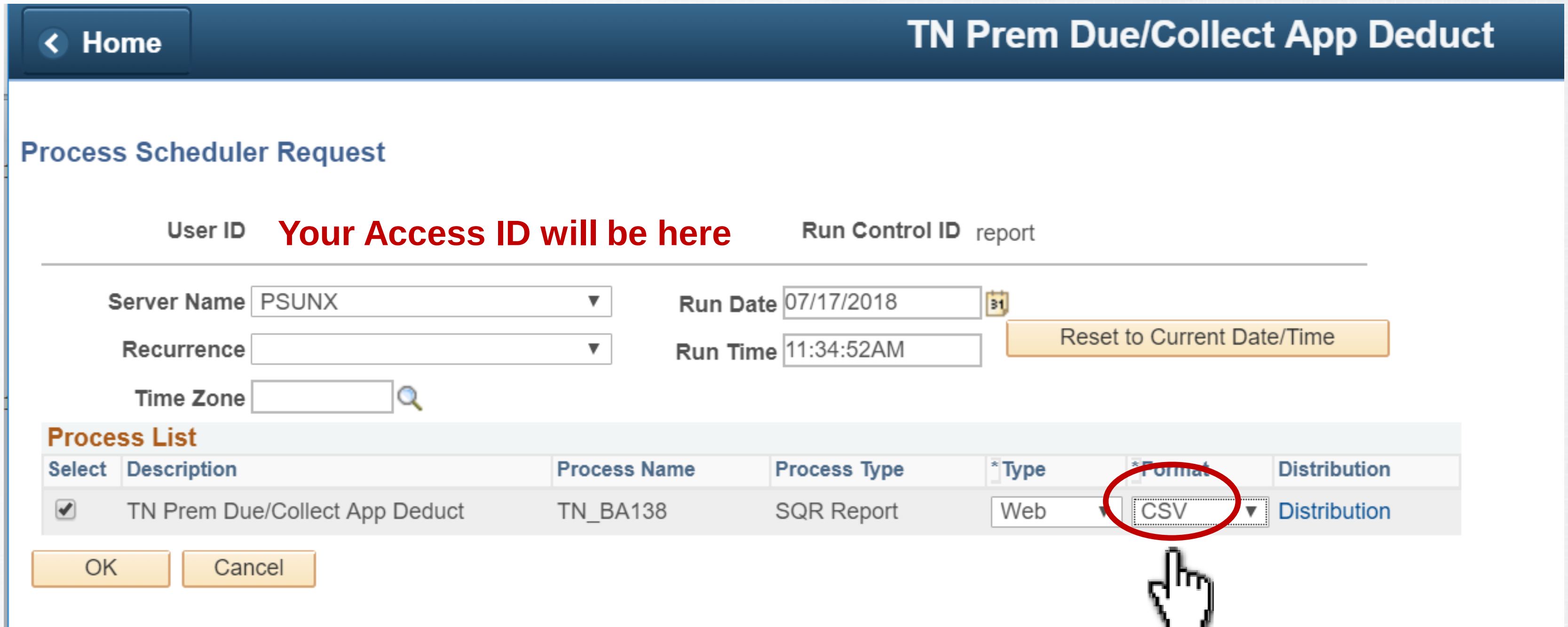
Instructions

Click “Run” at the top right.

Select your format (PDF)



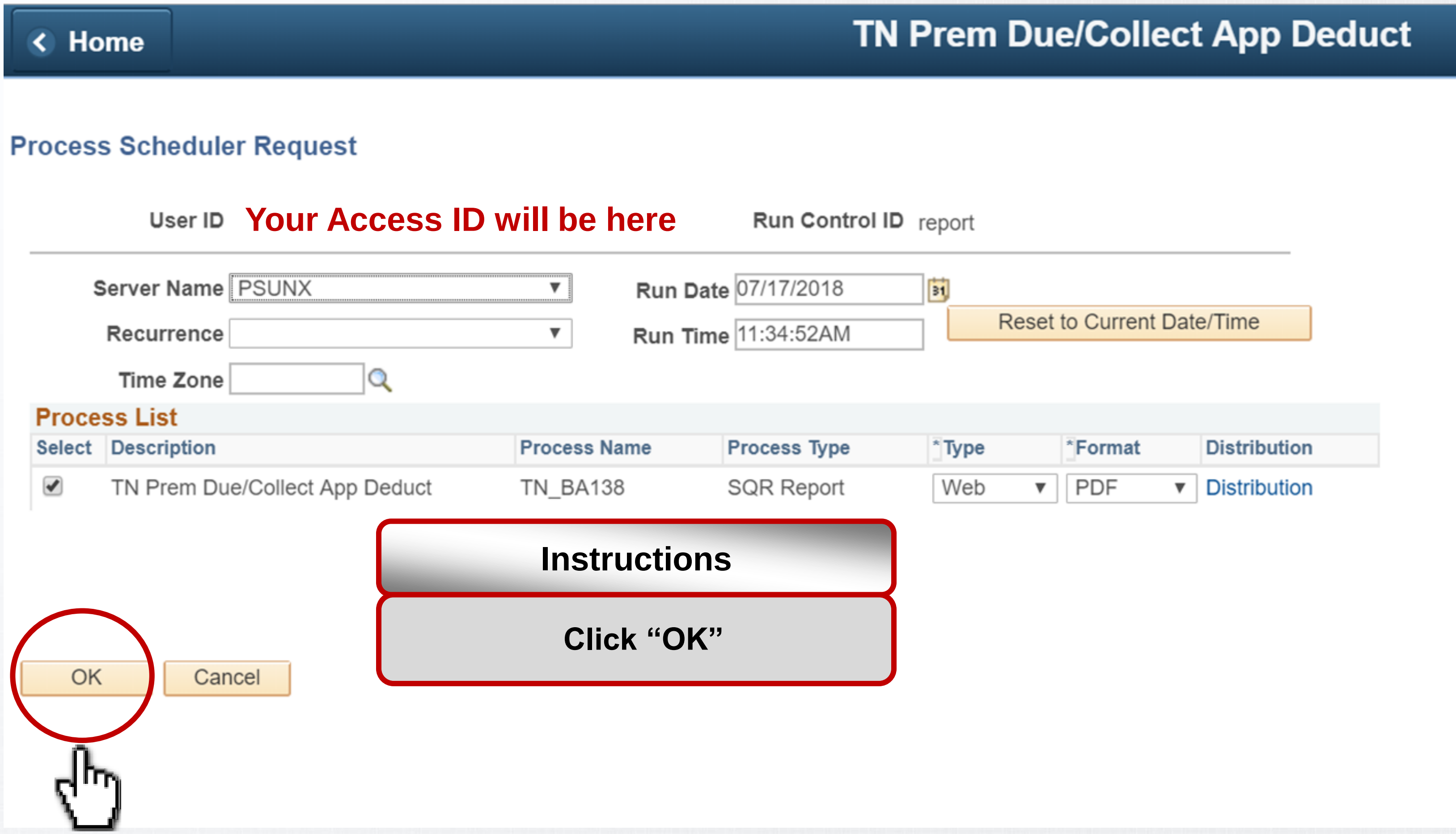
Select your format (CSV)



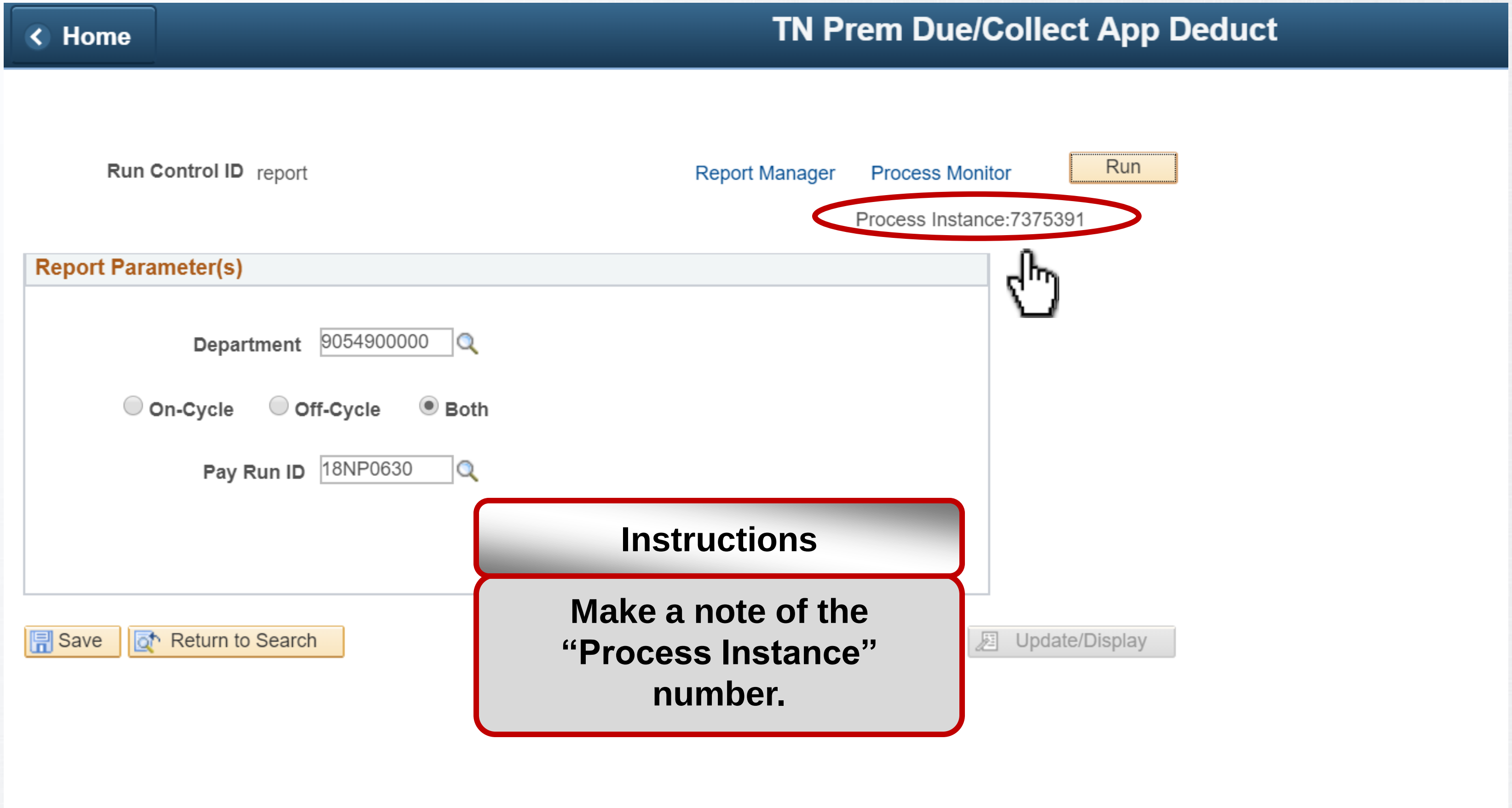
Instructions

Select CSV to view the report in Microsoft Excel.

Click OK


Home
TN Prem Due/Collect App Deduct
Process Scheduler Request
User ID
Your Access ID will be here
Run Control ID
report
Server Name
PSUNX
Run Date
07/17/2018
Recurrence
Run Time
11:34:52AM
Reset to Current Date/Time
Time Zone
Process List
Select
Description
Process Name
Process Type
*Type
*Format
Distribution
TN Prem Due/Collect App Deduct
TN_BA138
SQR Report
Web
PDF
Distribution
Instructions
Click "OK"
OK
Cancel

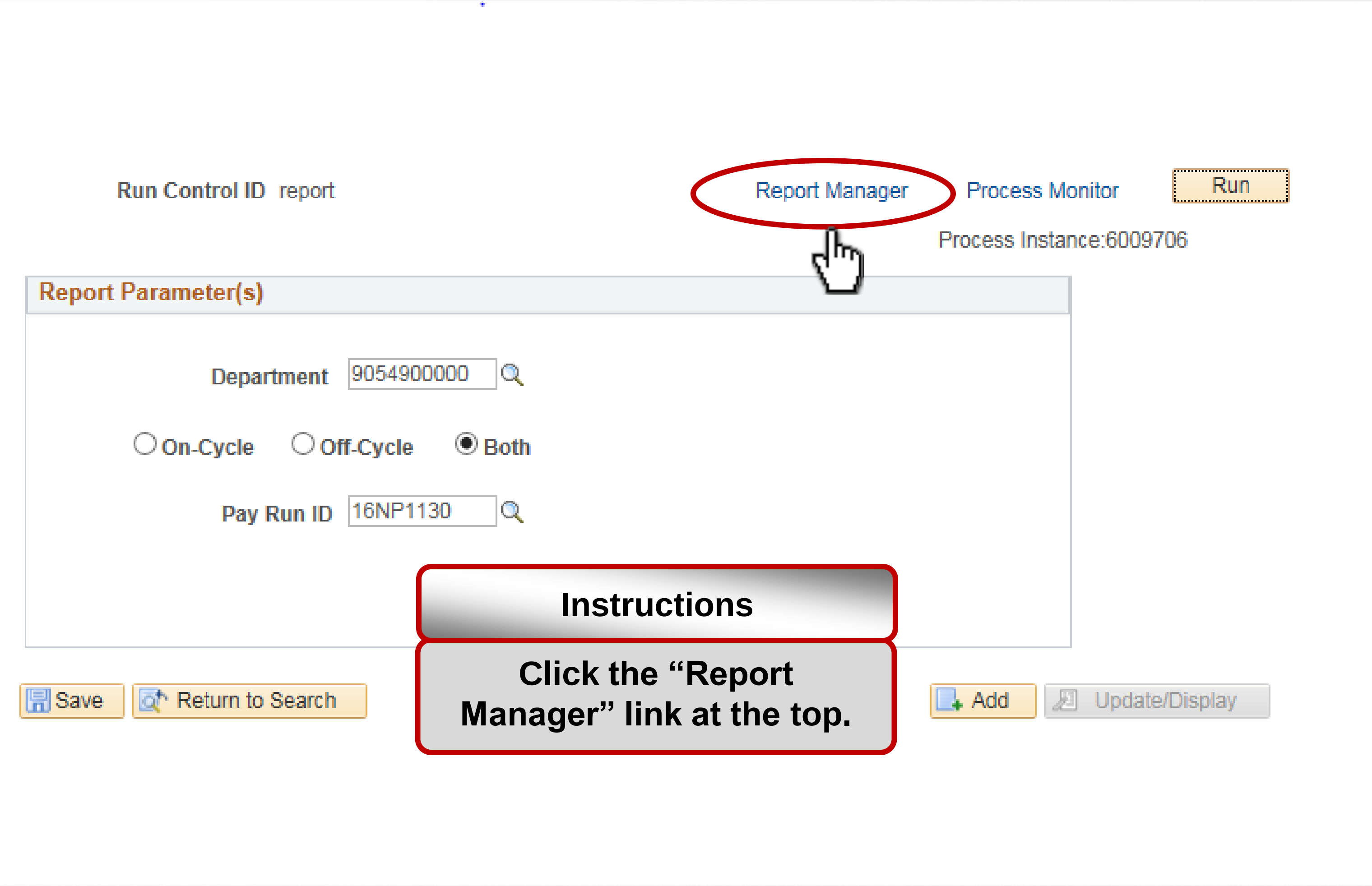
Process Instance - Note



Instructions

Make a note of the "Process Instance" number.

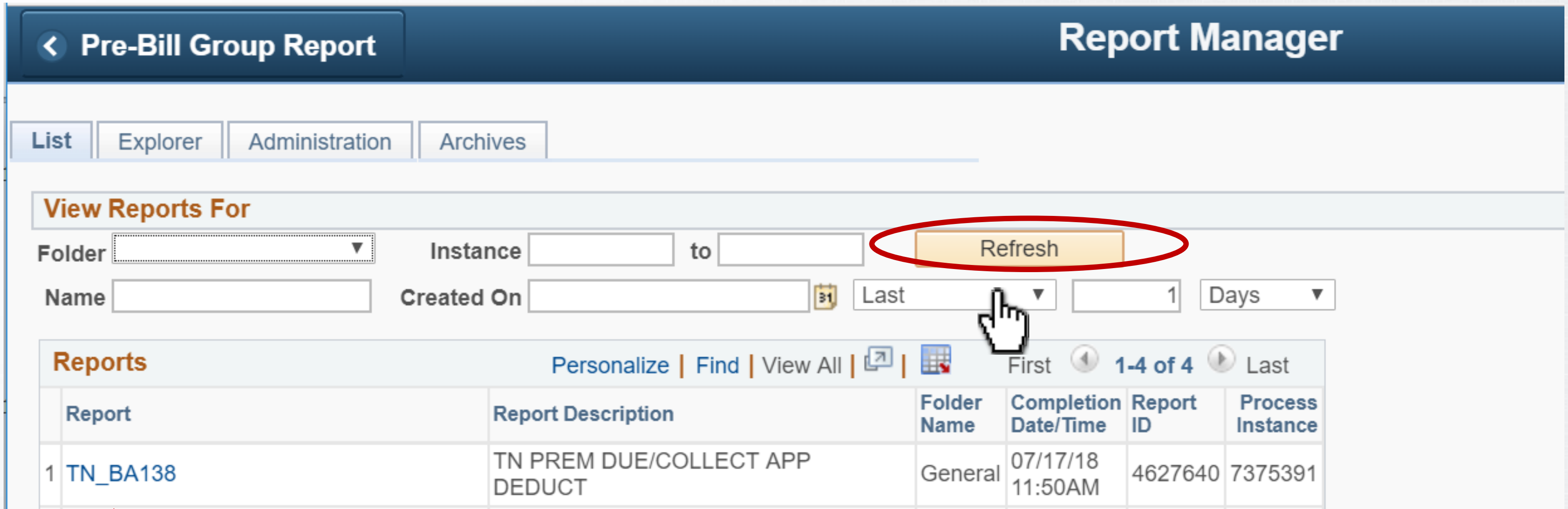
Report Manager



Instructions

Click the “Report Manager” link at the top.

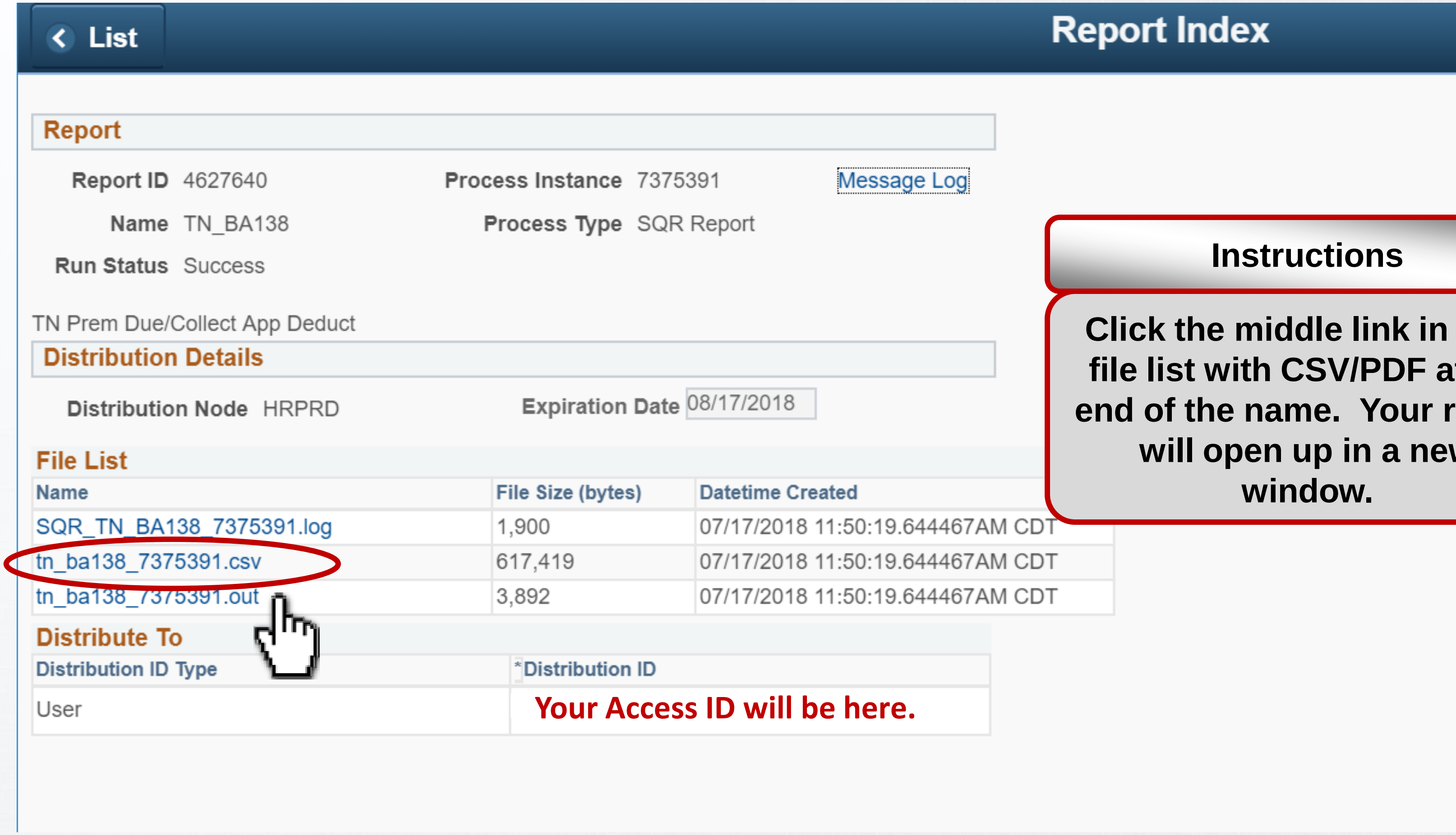
Click "Refresh"



Instructions

Click "Refresh" until your TN_BA138 link populates under "Reports."

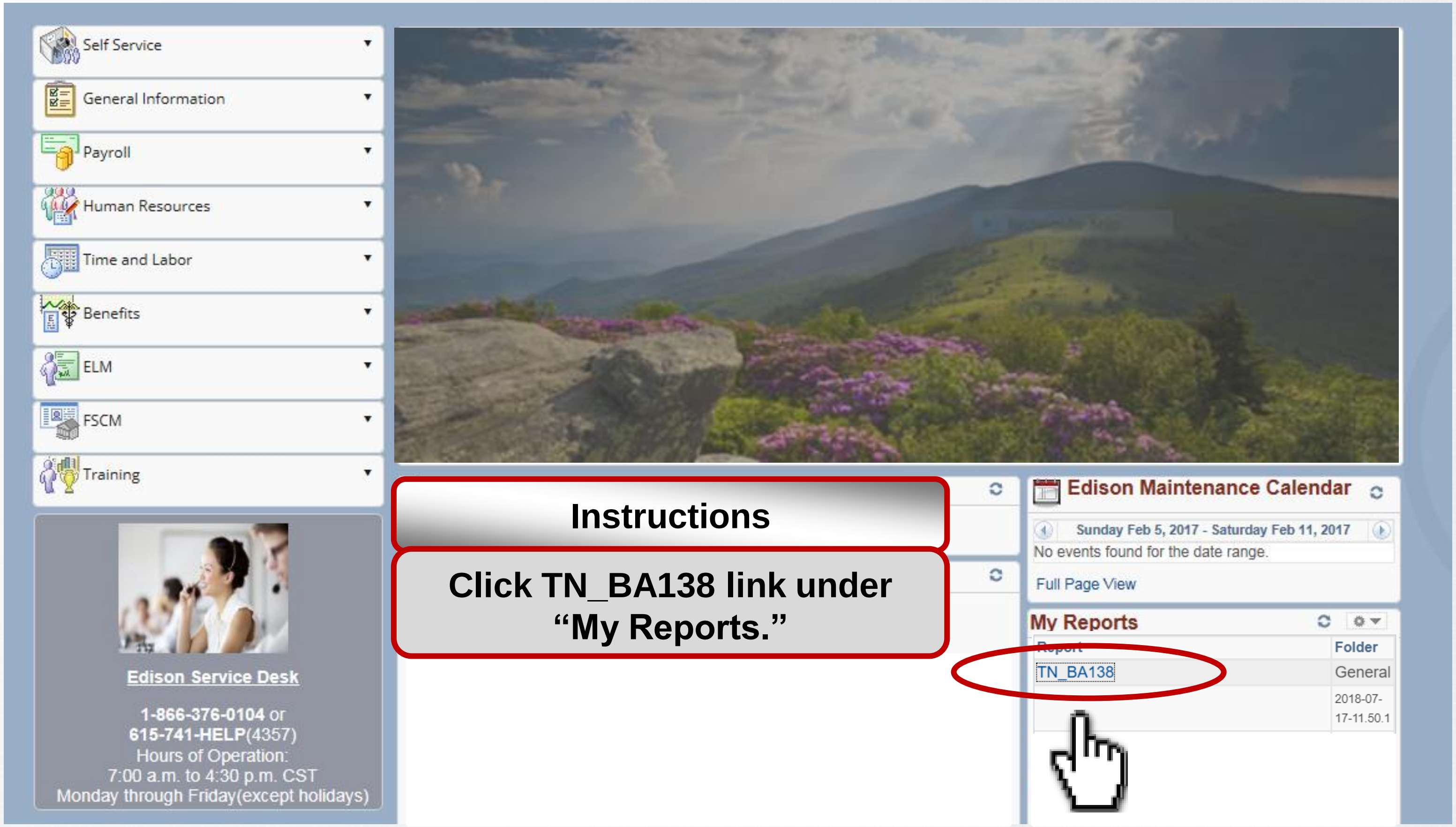
File list – Click PDF or CSV



Instructions

Click the middle link in your file list with CSV/PDF at the end of the name. Your report will open up in a new window.

My Reports – Printing Report Home Page of Edison



Note: Return to the Home Page of Edison by clicking on the house

File List – PDF or CSV

Report

Report ID 3776131 | Process Instance 6009706 | Message Log

Name TN_BA138 | Process Type SQR Report

Run Status Success

TN Prem Due/Collect App Deduct

Distribution Details

Distribution Node HRUAT | Expiration Date 03/16/2017

File List

Name	File Size (bytes)	Datetime Created
SQR_TN_BA138_6009706.log	1,728	02/13/2017 6:19:52.044435PM CST
tn_ba138_6009706.PDF	273,190	02/13/2017 6:19:52.044435PM CST
tn_ba138_6009706.out	6,135	02/13/2017 6:19:52.044435PM CST

Distribute To

Distribution ID Type	*Distribution ID
User	**Your Access ID will be here.**

Instructions

Finally click the second link in the File List section ending in ".PDF" or ".CSV" (depending upon what you selected earlier) to view your report.

Example:

State of Tennessee
Collections Applied Report
for July 2018 Coverage

Page: 1
Run Date 17-JUL-2018
Run Time 12:20:28.000000_PM

Department:
Position Number:

Last 4 of SSN	Emplid	Name	Plan Type	Benefit Plan	Benefit Plan Description	Coverage Level	Coverage Level Description	Employer Amount	Employee Amount	Total Amount	Employee Count
			Medical	PRPV1E	Premier PPO BCBS East	D	Employee + Child(ren)	0.00	1,009.00	1,009.00	
Position Totals:								**0.00**	**1,009.00**	**1,009.00**	

Last 4 of SS#

Edison ID# & Emp. Name

Questions?

Department of Finance & Administration

Agency Benefits Coordinator Meeting

Employee Assistance Program
Behavioral Health
Voluntary Wellness Program
DPP Updates

August 2018

Employee Assistance Program (EAP)

- EAP administered by Optum
- Available to:
  - All state/higher education benefits-eligible employees and eligible dependents, as well as COBRA participants

Receive five EAP counseling visits, per situation, per year at no cost to you

- Master's level specialists available around the clock to assist with:
  - Stress, legal, financial, mediation and work/life services
  - Can even help you find a network provider, a plumber who works nights, services for your elderly parents, theater tickets, all-night pharmacies and much more.

855.Here4TN (855.437.3486) or HERE4TN.com

TN

Here 4 TN Support For Your Life

Take Charge at Work (TCAW)

- A confidential telephonic program that helps working adults recognize and manage symptoms of stress and depression at work
- Goal: to help employees find better work-life balance, so they can get back to feeling productive and enjoying their lives
- Who is eligible?
    - All State and Higher Education benefit eligible employees, over the age of 18
    - Dependents over the age of 18, eligible for EAP, and who are working either full/part time
- Visit the website or call to see if you qualify

Behavioral Health & Substance Use Services

Dealing with a mental health or substance use condition? Support is available to you and your enrolled dependents through your behavioral health coverage.

- **Optum** is your behavioral healthcare vendor; Coverage is included when you enroll in a health plan
- Using Optum's network providers gets you the most from this benefit; You can search for providers on the website or call 855.Here4TN for assistance
- **Virtual Visits:**
  - In addition to office visits, you can meet with a provider through private, secure video conferencing called Virtual Visits
  - Allows you to get the care you need sooner and in the privacy of your home.
  - The copay for a Virtual Visit is the same as an office visit.
  - To get started, go to Here4TN.com**,** scroll down, select provider search, and click on Virtual Visit to find a provider licensed in TN, or call for assistance

Wellness Program Vendors

- Population Health Program – ActiveHealth Management
- Weight Management Program – ActiveHealth Management
- Both programs go live on January 1, 2019

ActiveHealth MANAGEMENT

TN

Wellness Program Resources (State and Higher Ed)

- Health Risk Assessment and Biometric Screenings
- Programs:
  - Weight Management
  - Disease Management
  - Diabetes Prevention Program
  - Lifestyle Counseling (tobacco cessation, nutrition, stress)
  - Challenges
  - Educational tools and resources

TN

152

Cash Incentive (State and Higher Ed)

- Members **are NOT required** to complete any wellness program activities.
- State and higher education members and enrolled spouses **in any plan** can get **cash incentives** for participating in the wellness program. You can get money deposited through payroll* by completing certain activities and programs.
- Here's how it works:
  - Members choose activities from the approved list
  - Each activity will have a dollar value, and they can earn up to $250 for the year
  - That is $500 total for the employee and spouse
  - Money will be deposited in the employee's paycheck (for both employee and spouse)

*Members must be in a positive pay status to receive an incentive. The cash incentive for both the employee and eligible spouse will be deposited directly into the member's paycheck and will be taxed.

TN

153

Cash Incentive (State and Higher Ed)

- Programs or activities could include:
  - Weight management program
  - Tobacco cessation program
  - Wellness counseling (diet, stress, exercise, etc.)
  - Disease management program
  - Biometric screening
  - Health Risk Assessment

- The new voluntary wellness program begins January 1, 2019. All eligible members and spouses will receive more information on how participants qualify for cash incentives **in the mail from ActiveHealth in early December**

- There will also be challenges, educational tools and other online resources to track results and progress

Diabetes Prevention Program Updates

- Omada (Cigna only; online)
  - 666 enrolled
  - 3,745 total pounds lost
  - Average of 5.6 pounds
- YMCA (in person)
  - 71 enrolled
  - 388 total pounds lost
  - Average of 5.46 pounds
- ParTNers Health & Wellness Center DPP (in person)
  - 44 participants
  - 297 total pounds lost
  - Average of 6.75 pounds

Questions?

Walking the Talk

ABC Roadshow 2018

Your BA Word	Your Song	Your Walk
Customer Focus	Walk it Out	**Walk it Out**
Integrity	Electric Slide	**The Slide**
Learning	Staying Alive	**Disco**
Accountability	Thriller	**Zombie**
Teamwork	These Boots Are Made for Walking	**Sassy Stomping Boots**

Department of
Finance & Administration

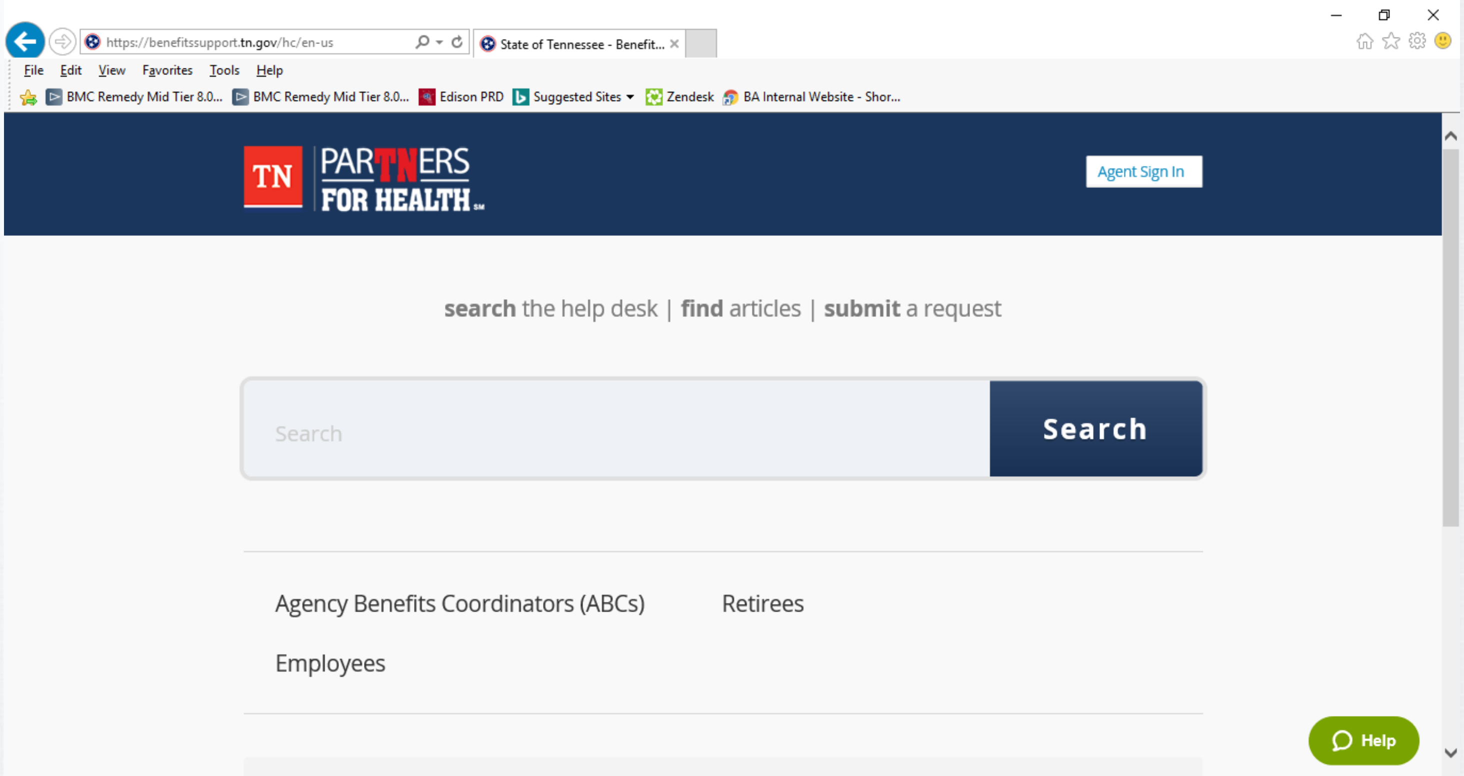
Agency Benefits Coordinator Meeting

Zendesk Overview

August 2018

Zendesk Overview

- Help Center
  - Located at https://benefitssupport.tn.gov



Help Center

- Browse Frequently Asked Questions for Employees, Retirees, or Agency Benefits Coordinators

Agency Benefits Coordinators (ABCs)

PPACA FAQs

PPACA Documents

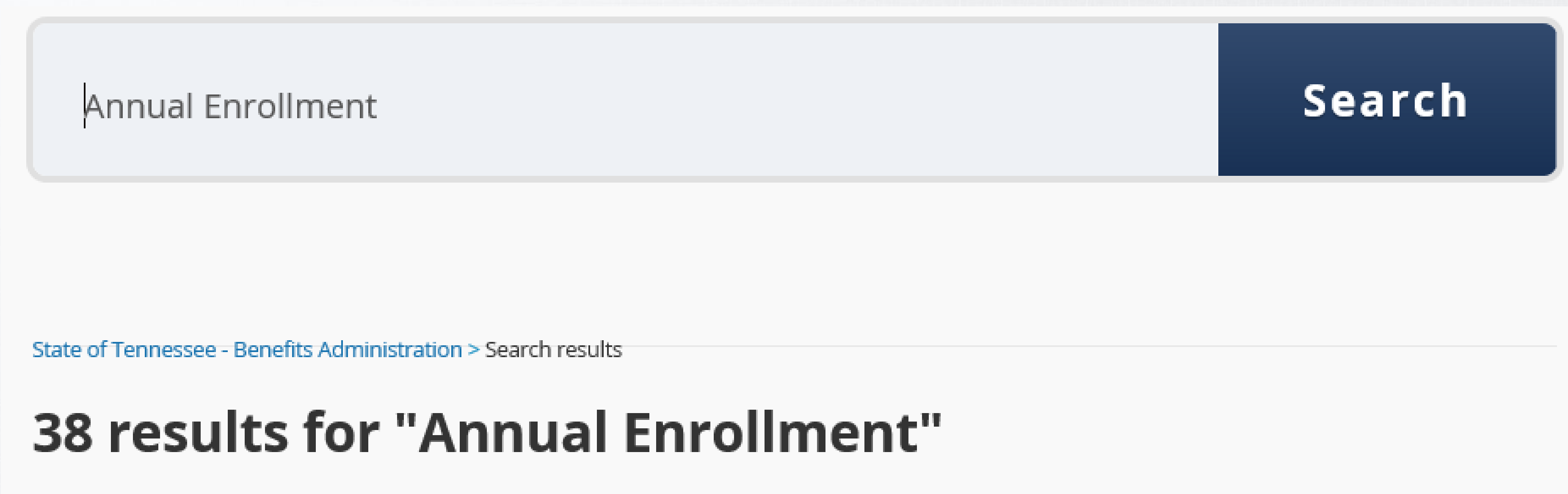
State New Hire Documentation for ABCs

HSA/CDHP Questions

Frequently Asked Questions (FAQ)

Help Center

- Use the Search Bar to find Answers

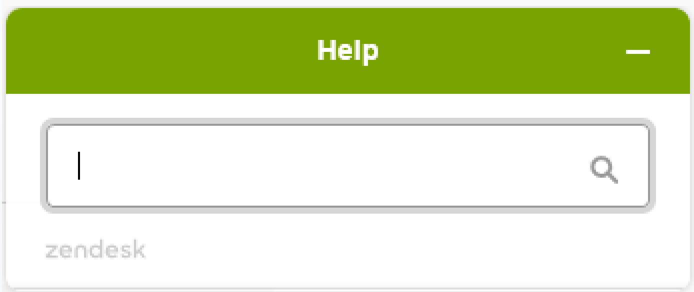


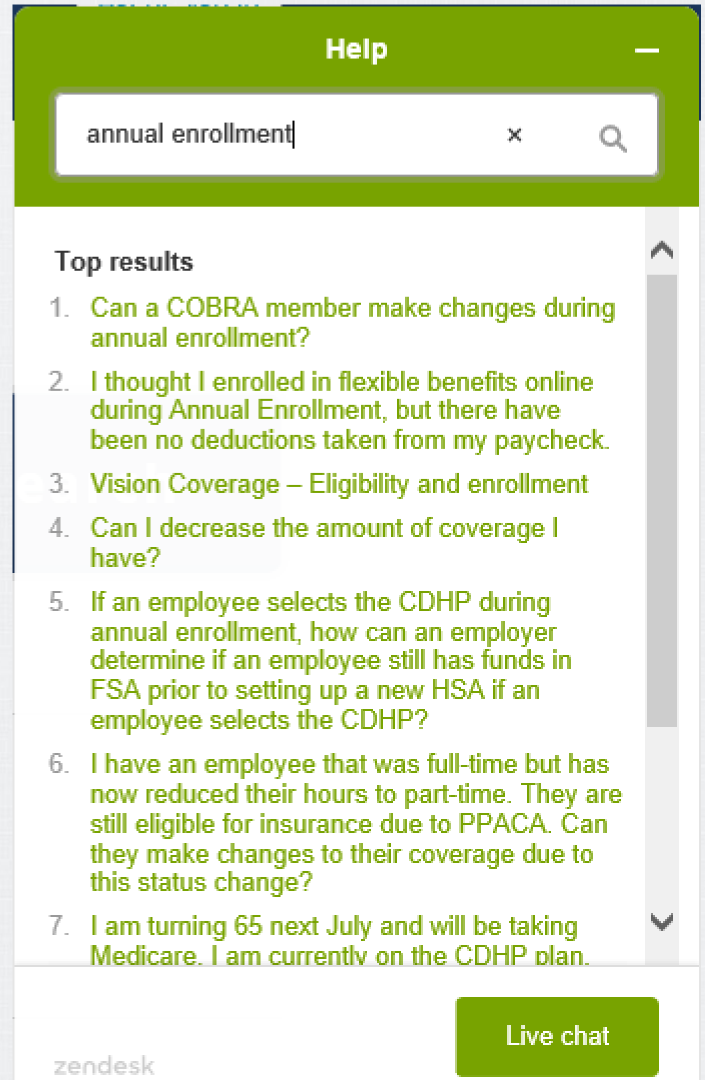
Help Center – Help Widget

- Use the Help Widget
  - Located on the bottom right of every page of the Help Center
  - Also located at https://www.tn.gov/partnersforhealth

Help Widget

- Opens to a Search Bar



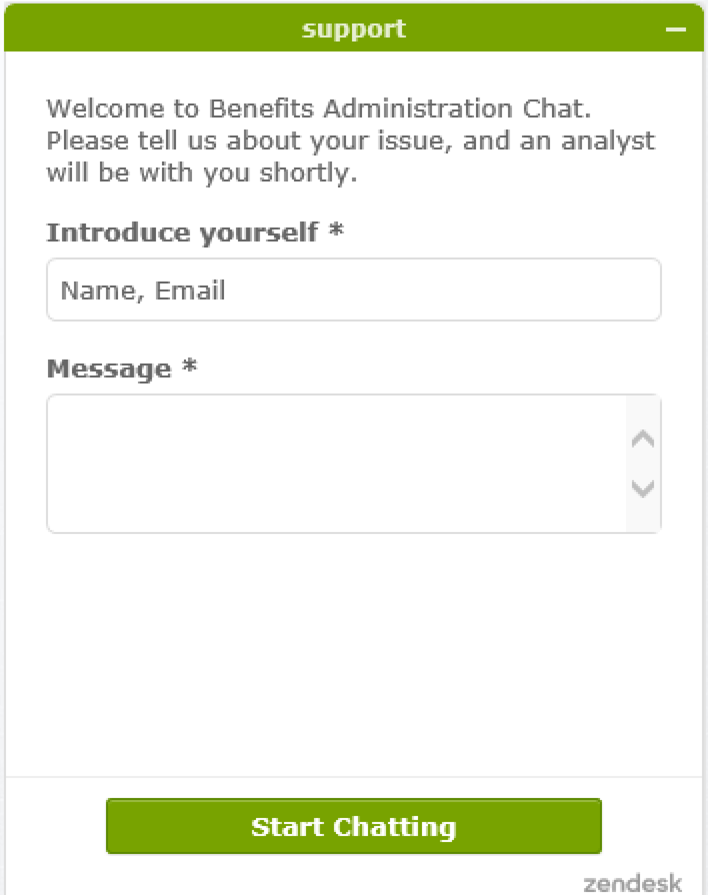


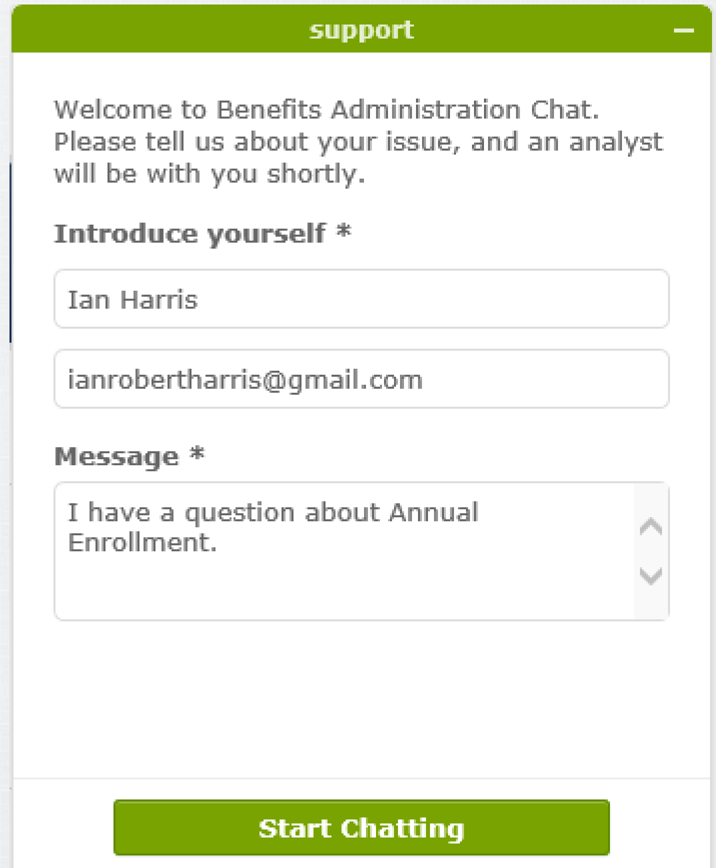
TN

Help Widget – Live Chat

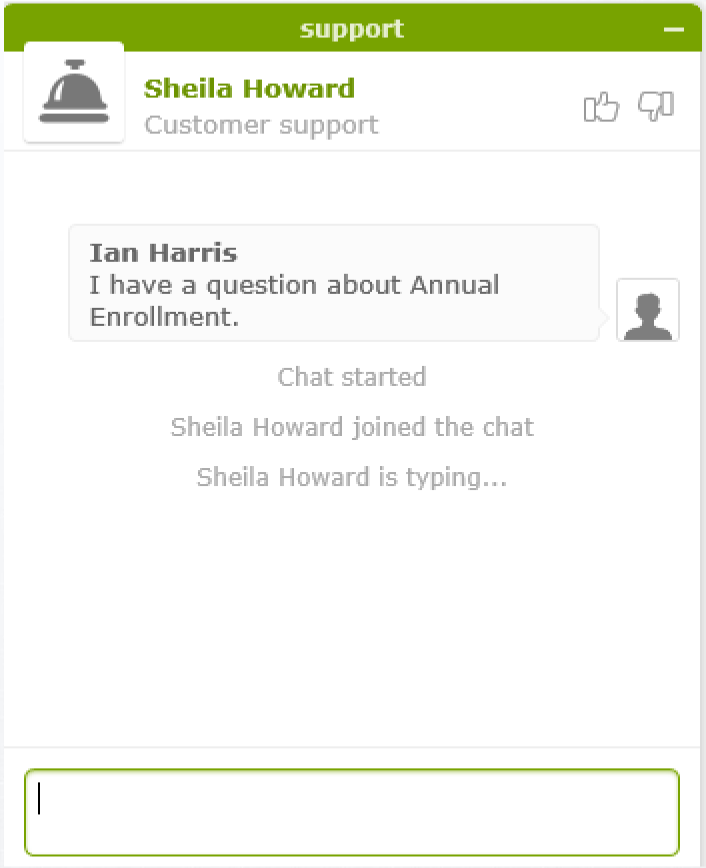
- Not the right answer? No Problem!
  - During Business Hours: Click “Live Chat” to initiate a Live Chat with the BA Service Center
  - When the Service Center is Closed: Click “Leave a Message” to Open a Ticket

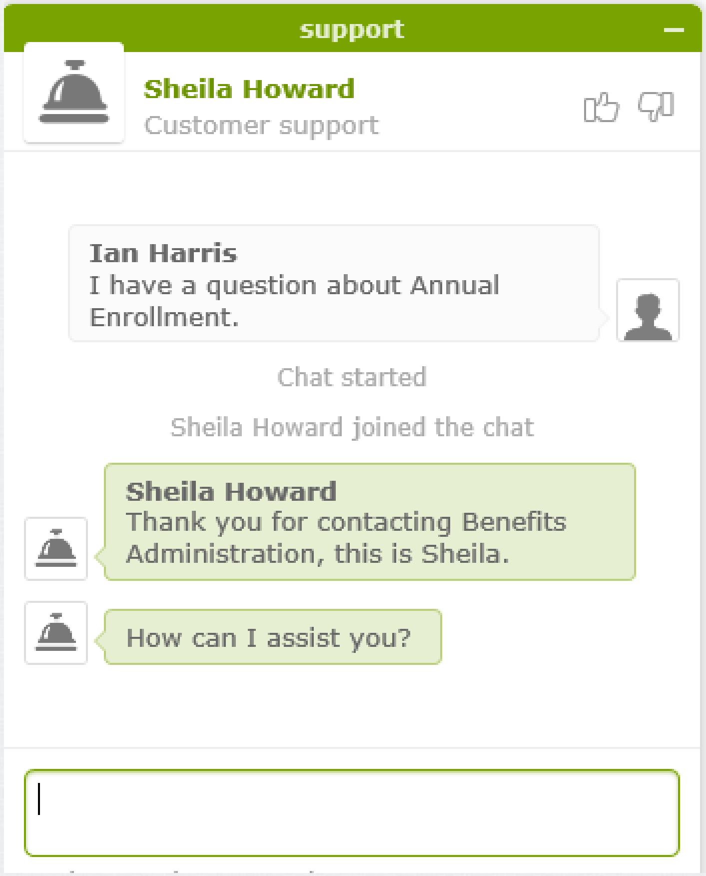
Live Chat


support
Welcome to Benefits Administration Chat. Please tell us about your issue, and an analyst will be with you shortly.
Introduce yourself *
Name, Email
Message *
Start Chatting
zendesk


support
Welcome to Benefits Administration Chat. Please tell us about your issue, and an analyst will be with you shortly.
Introduce yourself *
Ian Harris
ianrobertharris@gmail.com
Message *
I have a question about Annual Enrollment.
Start Chatting

Live Chat


support
Sheila Howard
Customer support
Ian Harris
I have a question about Annual Enrollment.
Chat started
Sheila Howard joined the chat
Sheila Howard is typing...


support
Sheila Howard
Customer support
Ian Harris
I have a question about Annual Enrollment.
Chat started
Sheila Howard joined the chat
Sheila Howard
Thank you for contacting Benefits Administration, this is Sheila.
How can I assist you?

Live Chat

- Chatting Live with BA will open a ticket. After your chat, you should receive an email with full transcript of what you discussed.
- You can use this email to continue the conversation, should you need to follow up.

##- Please type your reply above this line -##

Your request (234470) has been updated. To add additional comments, reply to this email.

Ian Harris

Jul 30, 13:23 CDT

Chat started: 2018-07-30 06:20 PM UTC

(06:20:27 PM) Ian Harris: I have a question about Annual Enrollment.
(06:20:38 PM) *** Sheila Howard joined the chat ***
(06:20:58 PM) Sheila Howard: Thank you for contacting Benefits Administration, this is Sheila.

Live Chat

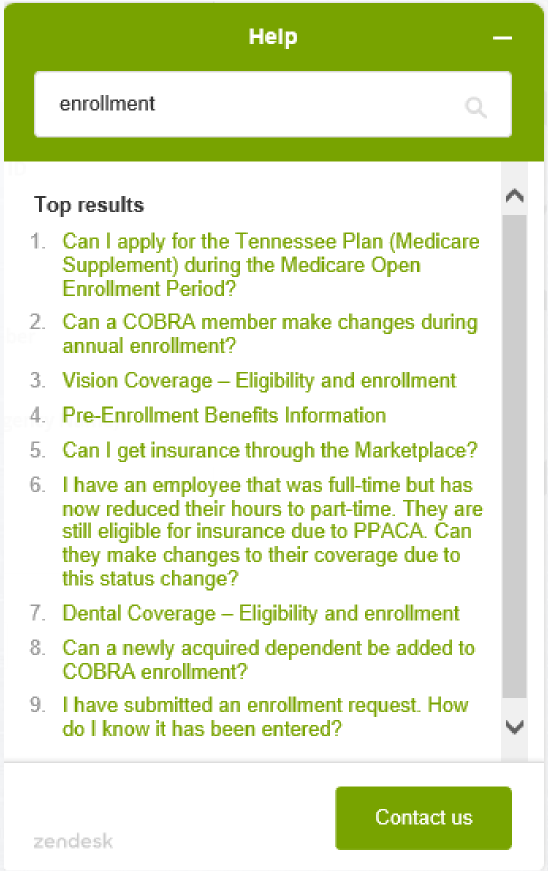
- The Live Chat feature is currently staffed by the analysts on our Active Team.
  - Retirement, COBRA, Billing, and FSA inquiries will be forwarded on to the appropriate staff to handle
- Live Chat is great for quick or general questions!
  - Account specific inquiries will require identity verification, just as with phone calls

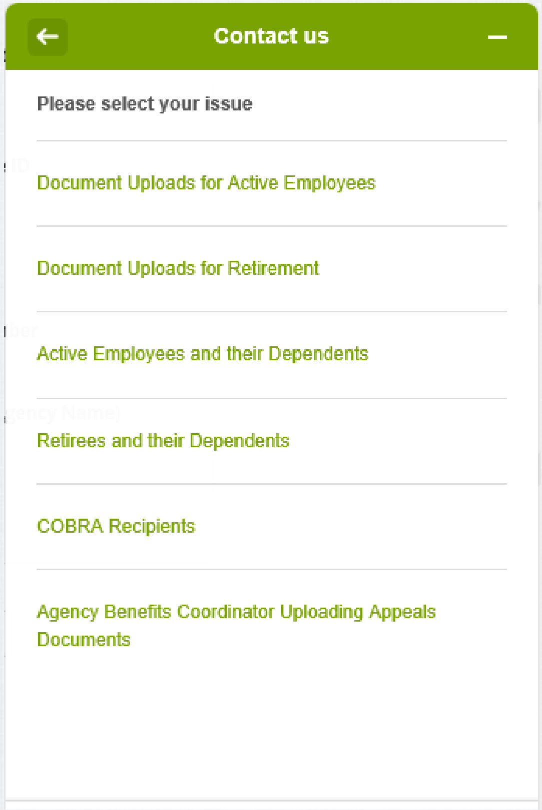
Help Widget – Leave a Message

- After hours or while the Service Center is closed, you can use the Help Widget to “Contact Us” – or open a ticket - to which the Service Center will respond when we re-open.

Leave a Message

- You will receive an email with the content of your message, and follow-up emails when BA responds.

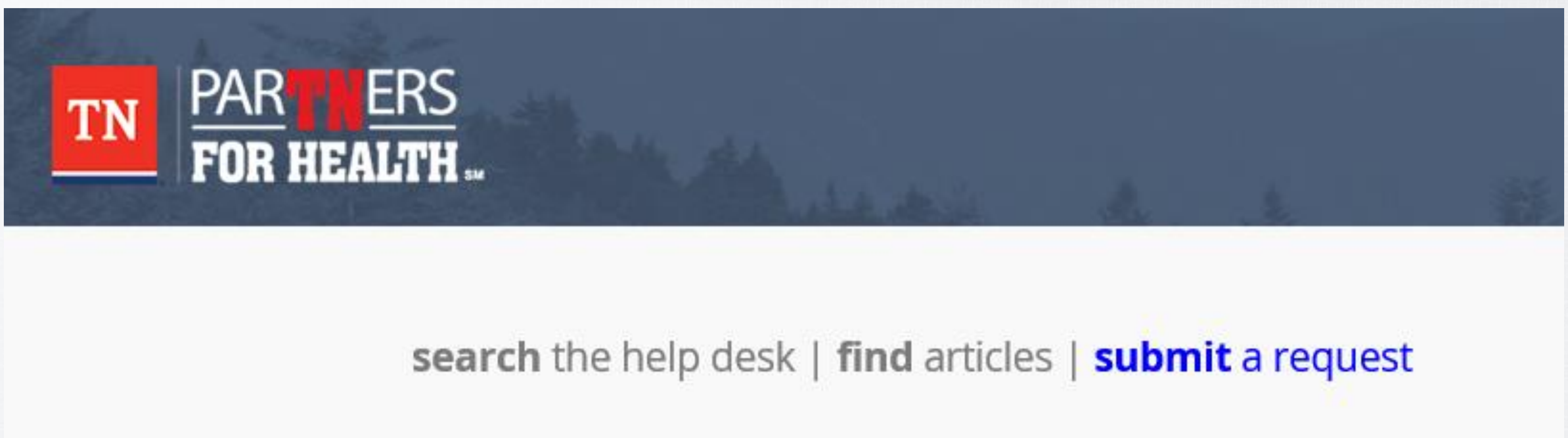




TN

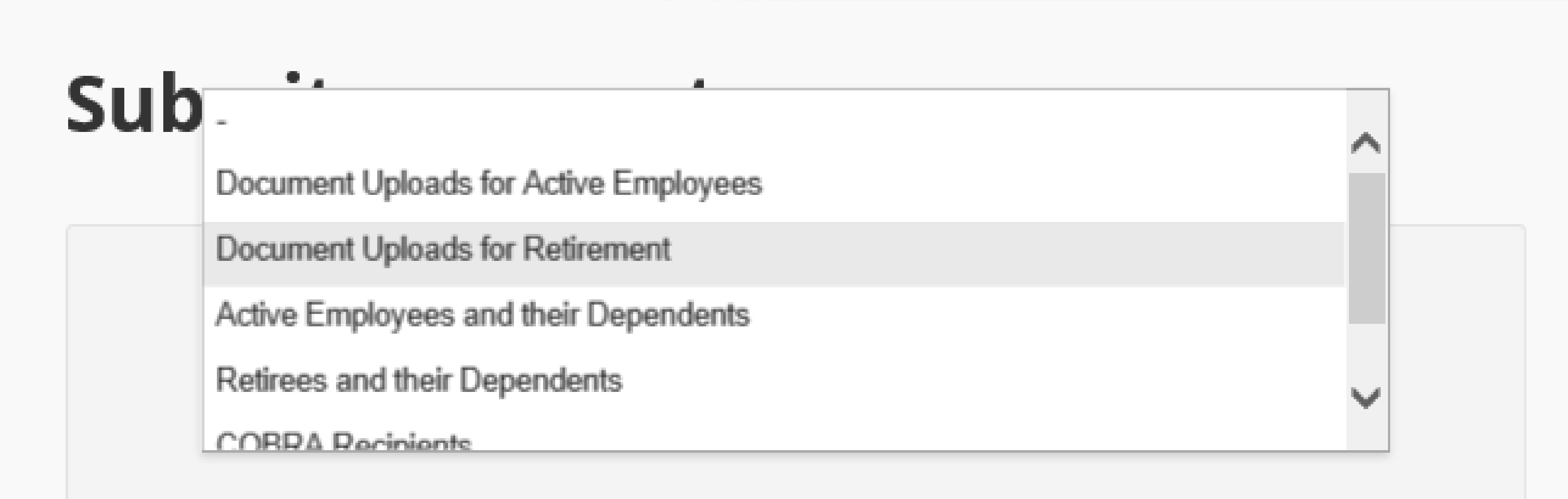
Help Center - Submit a Request

- You can also Submit a Request directly from our Help Center.
- Click the “Submit a Request” link to begin.



Submit a Request

- You will need to select a topic (ticket form) to submit your request.
- Common Question: What's the difference between "Document Uploads for Active Employees" and "Active Employees and their Dependents?"



Submit a Request

- “Document Uploads for Active Employees”/”Document Uploads for Retirement” ticket forms are for document processing only.
  - This includes Applications, Cancel Requests, Dependent Verifications, etc.
  - You will get an email notification when your document is received by BA and an email notification when we have completed processing.
  - You will also receive emails from BA if we have any questions.
  - These emails include all discussion already made, for easy reference.
  - Documents are not uploaded into Edison until AFTER you receive the email notification that we have completed the request.
  - Document Upload ticket forms are not for general questions.

TN

Submit a Request

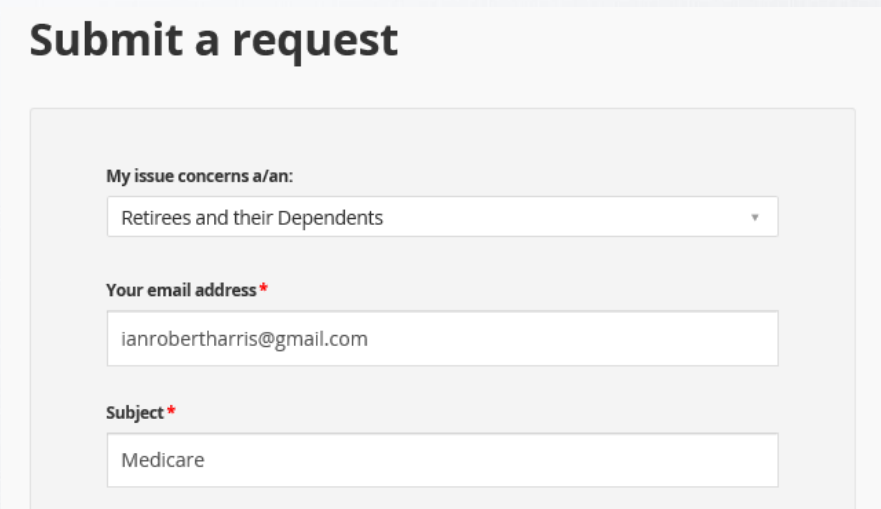
- Document Upload Forms, continued
  - Document Upload Forms will not activate Answer Bot, our helpful answer suggestion service
  - Limit of 5 attachments
  - Limit of 20 megabytes in file size
  - Please submit for one employee at a time

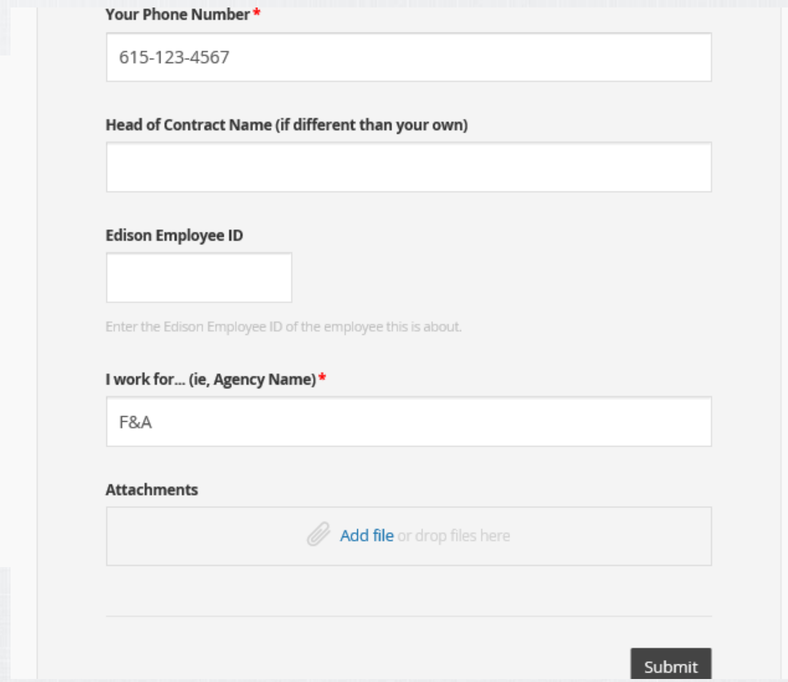
Submit a Request

- “Active Employees and their Dependents”/”Retirees and their Dependents”/”COBRA Recipients”
  - These forms are for asking general or account-specific questions that do not require document handling.
  - Any tickets submitted using these ticket forms will NOT be uploaded into Edison.
  - You will receive email notifications that we have received your request, and when it is resolved.
  - This ticket form will suggest answers for you from our Help Center.

Submit a Request

- Fill out all fields and describe your question or issue, then click "Submit"



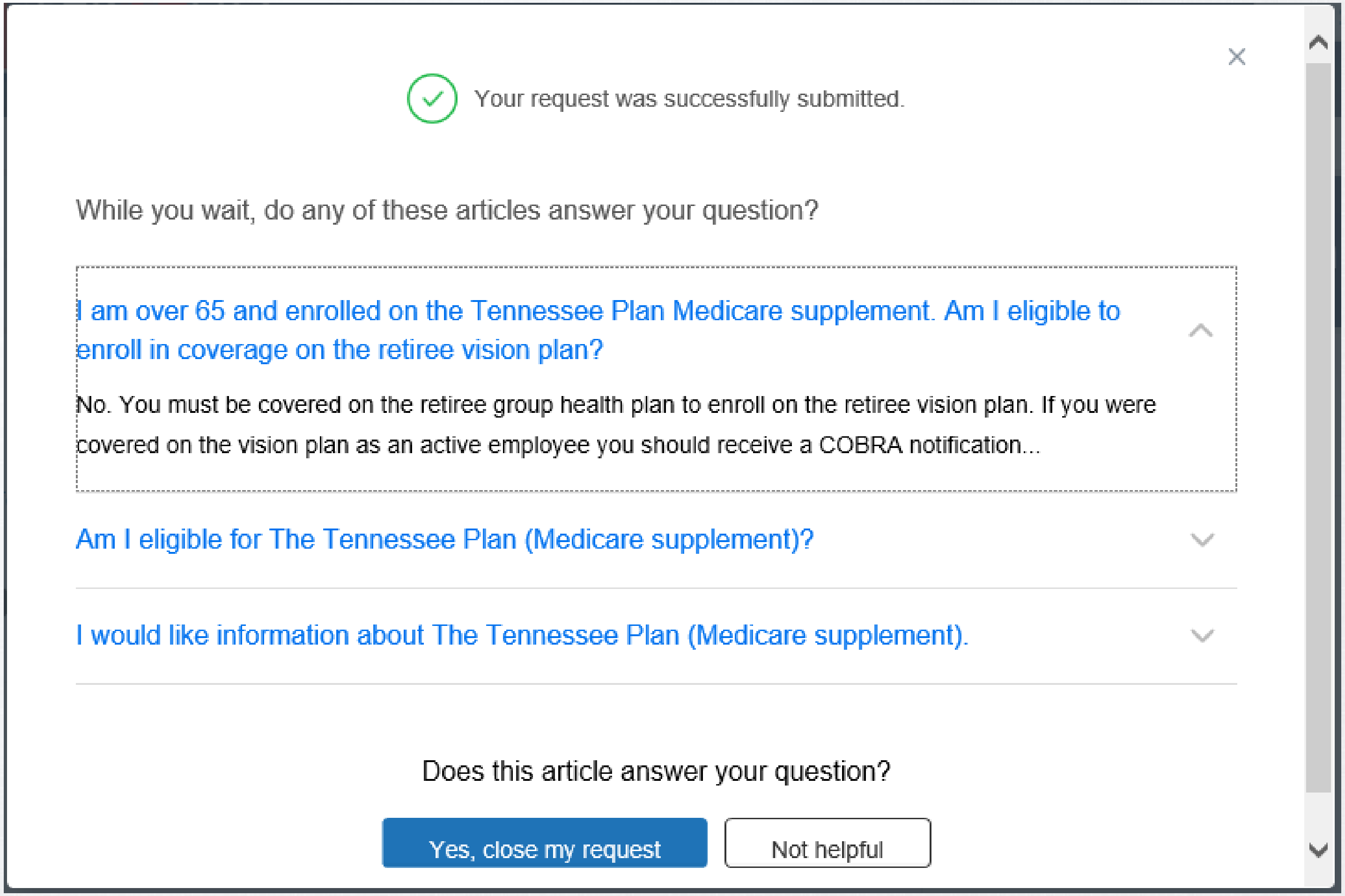


Answer Bot

- Answer Bot is an automated answer suggestion service, using content from our Help Center.
- Answer Bot will suggest articles for you to read.
- Answer Bot will suggest answers to tickets you submit via the “Leave a Message” feature, via email, or via Submit a Request (except Document Uploads).

TN

Answer Bot – Submit a Request



Answer Bot – Submit a Request

Answer Bot – Via Email

Here are some great articles that may help:

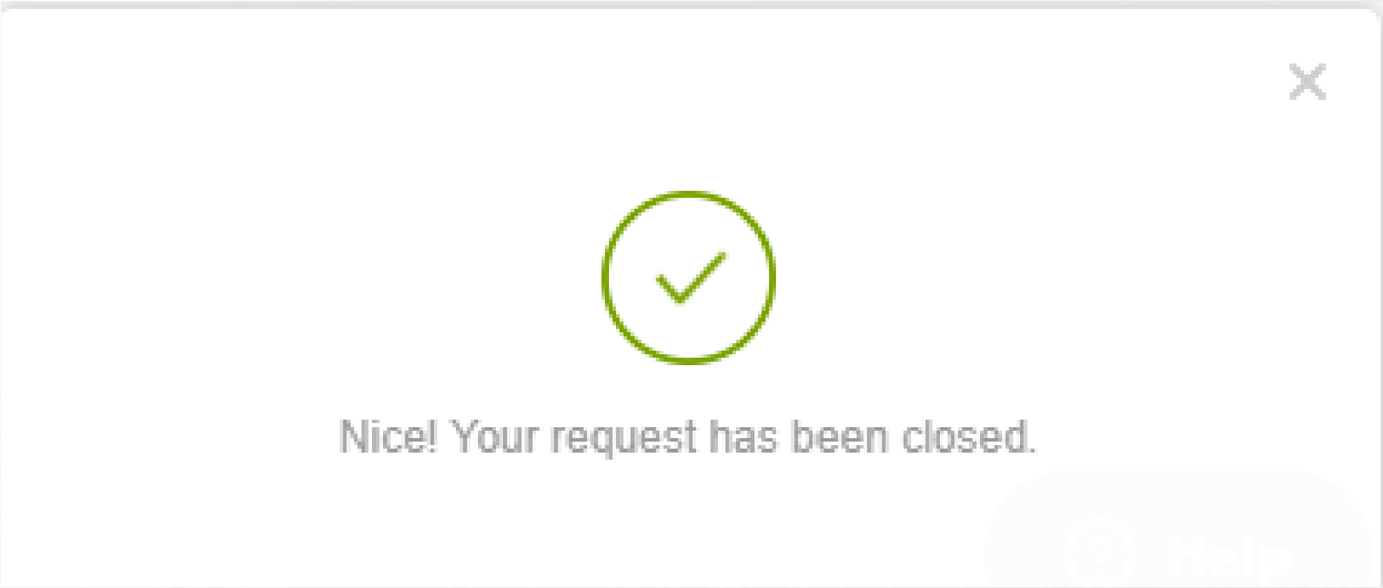
Do any of these articles answer your question?

If I work for a Tennessee Board of Regents (TBR) institution can I enroll in the state EyeMed Vision Program?Yes, you may choose to enroll in the EyeMed plan offered by the state by using Edison Employee Self Service (ESS).... Read more

Yes, close my request

I would like information about The Tennessee Plan (Medicare supplement).The Tennessee Plan is a

Answer Bot – Via Email



Answer Bot

- If you click “Yes, Close my Request,” Answer Bot will resolve the ticket without any action taken by the BA Service Center.
- Answer Bot does not have access to any personal information and cannot resolve account-specific questions (However, if you click “Yes” to a suggested answer, the ticket is still marked as solved).
- Answer Bot can offer general information, such as enrollment requirements.

Continuing the Conversation

- Did the Service Center ask for more information? When we solved the ticket, did the answer not provide all the information you needed?
- No problem! You can respond to a ticket in 2 easy ways: via email, or online.

TN

Continuing the Conversation via Email

- Every email from Zendesk includes a ticket number and the phrase "**##- Please type your reply above this line -##**"

##- Please type your reply above this line -##

A request (234643) has been created and is being reviewed by our support staff.

Please read the information below.

To add additional comments, reply to this email.

TN

Continuing the Conversation via Email

- Simply reply to the Email with any additional information. It will be sent to the Service Center and appended to the existing ticket.
- You may simply attach any files we have requested to your email response.
- Any attachments we send you will appear as a link to download, for security purposes.
- All ticket conversations by email contain the entire conversation by both parties.
- After 4 days (in most cases), replying to the email of a solved ticket will open a new ticket.

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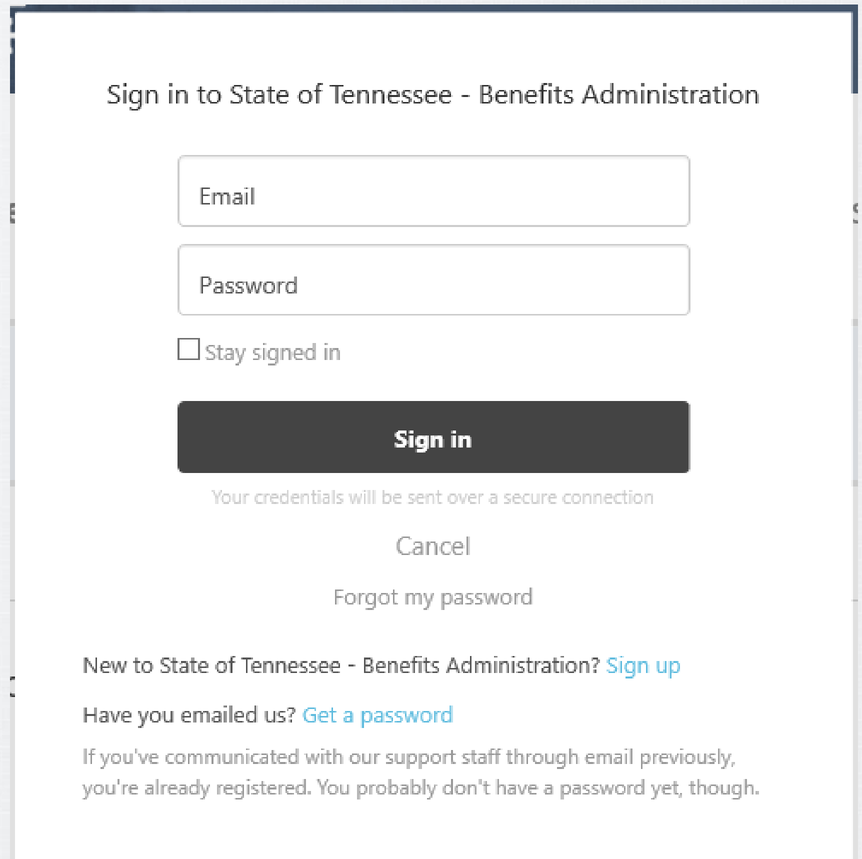
Continuing the Conversation Online

- You can find every ticket you have submitted to us, and their status, online.
- For open tickets, you can reply directly from the website.
- Go to https://benefitssupport.tn.gov and click “Agent Sign In” in the upper right.

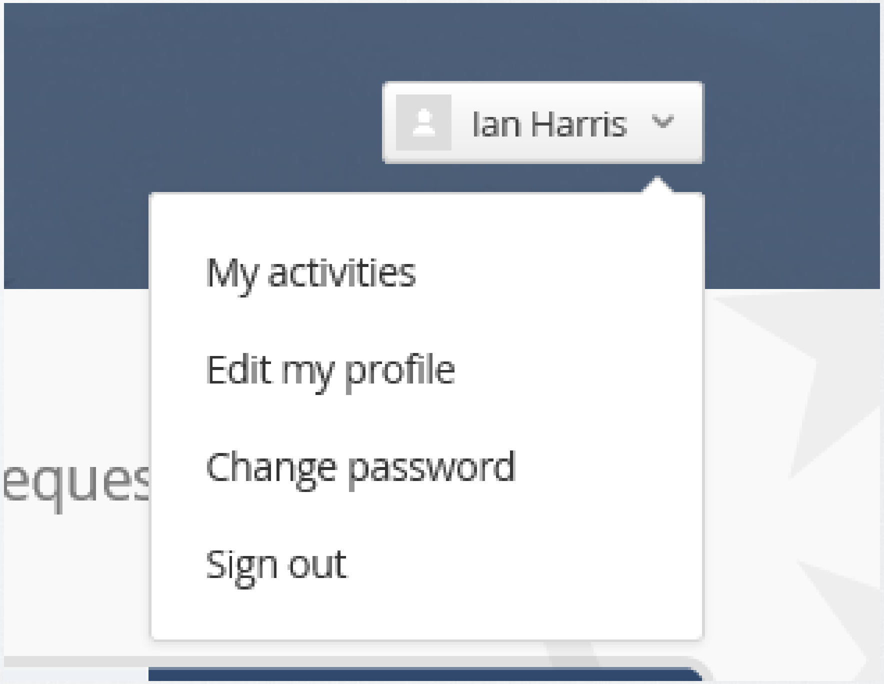
Continuing the Conversation Online

- If you have never logged in before, click "Get a Password." Otherwise, enter your email address and password.



Continuing the Conversation Online

- After Logging in, the “Agent Sign In” button will be replaced by a dropdown menu with your name.



Continuing the Conversation Online

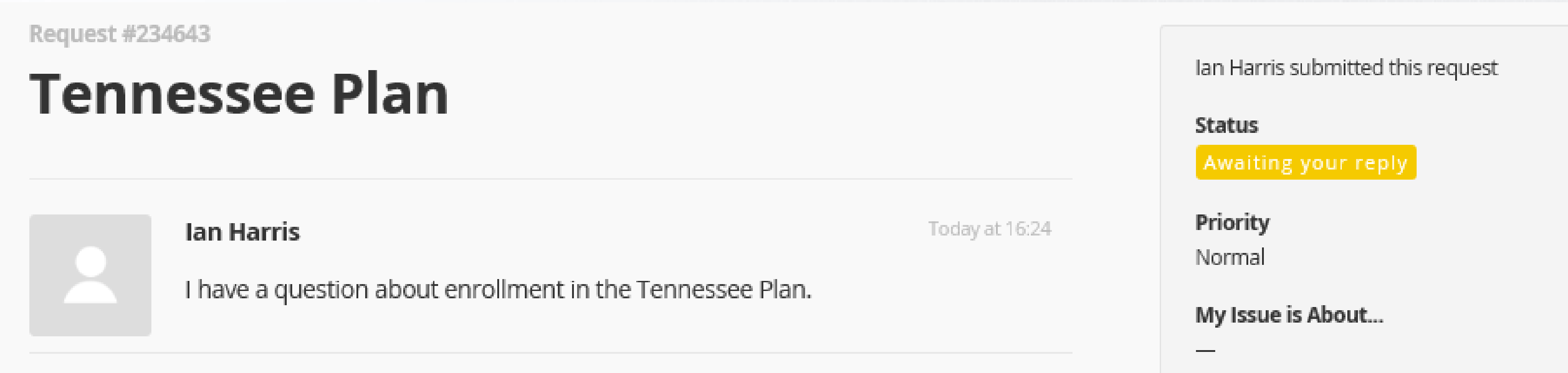
- Click on “My Activities” to see your tickets.

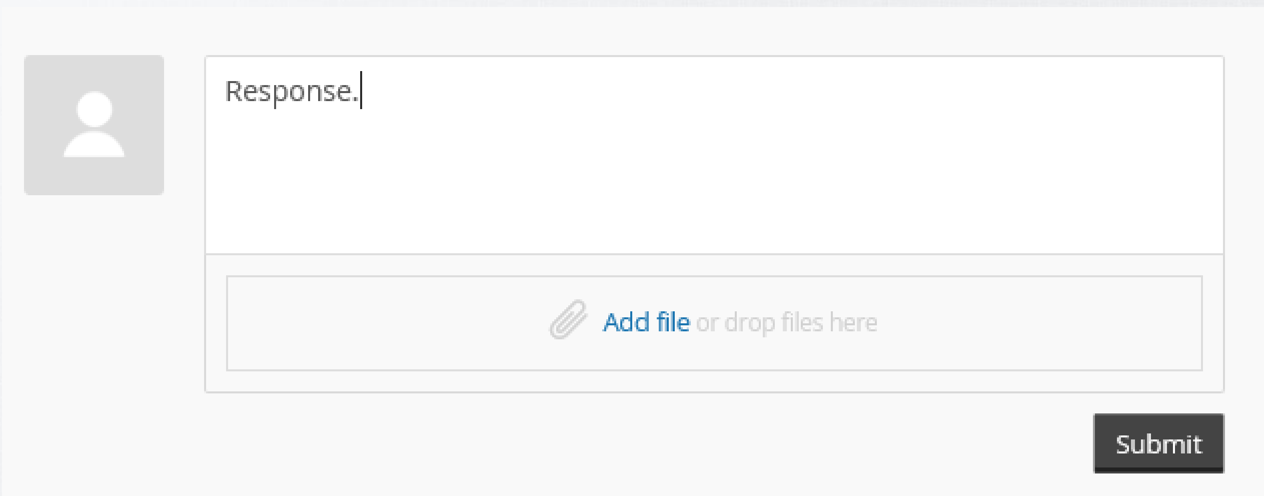
Id	Subject	Last activity	Status
234643	Tennessee Plan	a few seconds ago	Awaiting your reply
234640	Medicare	31 minutes ago	Solved
234470	Chat with Ian Harris	3 hours ago	Solved

- Click on a Ticket Subject to see the full conversation, leave an update, or add attachments, then click “Submit.”

TN

Continuing the Conversation Online





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Continuing the Conversation Online

- Frequently Asked Question: Why do I have so many tickets that are in a status of "Awaiting Your Reply?" It doesn't look like you've asked me for any information!
  - Document Upload forms, particularly Retirement Applications, are frequently set to this status until they are ready for processing. We frequently receive retirement documents well in advance.
  - Tickets other than Document Uploads are usually waiting on a response from you, or sometimes from a 3rd party, such as a vendor or Edison.

TN

Questions?

Agency Benefits Coordinator Meeting

Billing, Terminations & Premium Holiday

TN Department of Finance & Administration

August 2018

Administrative Error Letters

- The letter must be submitted on the agency's letterhead and include the signature of the ABC and their supervisor
- The letter must clearly explain the nature of the error, how it was made, the member's actions in meeting the plan process requirements within the required timeframes, and the agency's responsibility for the error
- Submitting an Administrative Error letter does not guarantee the policy exception will be granted
- Generally, the turnaround time for review is 5-7 business days from the day that the appeal is sent for review by management but it may be up to 10 business days

TN

Direct Bill : What is it and how does it work?

- **STATE** employee on FMLA without pay shall continue to receive state support. Once an employee has been FMLA without pay for one full calendar month, they should be enrolled in direct bill effective the first of the month following no pay.
- An employee on a leave of absence not covered under FMLA is responsible for the full 100% premium rate. Once an employee has been on a leave of absence without pay for one full calendar month, s/he should be enrolled in direct bill effective the first of the month following no pay.
- An employee on an unpaid leave of absence <u>does</u> have the option to suspend coverage during an unpaid leave.
- The employee’s signature is **NOT** required to enroll in direct bill.
- The employee’s signature **IS** required to suspend benefits.

TN

Direct Bill : What is it and how does it work?

- In order for an employee to be enrolled in direct bill or suspend benefits, a leave of absence form must be submitted to Benefits Administration for processing
- Benefits Administration bills directly for medical, dental, vision, basic life, voluntary accidental death and dismemberment, short term disability, and long term disability
- Benefits Administration <u>does not</u> bill directly for Voluntary Term Life or Unum Universal Life; term life and universal life are billed directly from the vendors
- The employee may contact Minnesota Life and/or Unum directly to request to be placed on direct bill

TN

Direct Bill : What is it and how does it work?

- **State** employees who are injured on the job and receiving *Temporary Total Disability* payments for any given month will be added to worker's comp billing for the first of the following month

- The agency is responsible for the full 100% premium for medical and basic life

- The employee is responsible and will be billed for any voluntary benefits for which Benefits Administration bills directly

TN

Direct Bill : What is it and how does it work?

- When an employee has suspended benefits while on a leave of absence, re-enrollment is not automatic
- An employee must submit a completed enrollment change application within 31 days of returning to work enrolling in the same options previously enrolled

    Note: An employee returning from **military leave** has 90 days to re-enroll

- Coverage will be effective the first of the month after the employee returns to work and the request for reinstatement has been received by BA

TN

Direct Bill : Date Information

- The direct billing process runs once a month on or around the 5th for the upcoming month's premiums; premiums are due the last day of the month for the upcoming month's coverage

- The first day of the month in which an employee owes premiums directly to Benefits Administration should be entered as the begin billing date on the Leave of Absence- FMLA and Leave of Absence-Continue coverage forms

- The first day of the month in which an employee is suspending benefits should be entered as the suspend date on the Leave of Absence-Suspend coverage form

TN

Payroll Calendar

2018	JULY					2018
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 No changes in "Job Data" in Edison	3 LE/LG/TBR Collections Applied report can be run for July coverage - Use 18NP0630 for Payrun ID	4 HOLIDAY Independence Day	5	6	7
8	9	10	11 LE/LG/TBR -Premiums Due report can be run for August coverage - Use 18NP0731 for Payrun ID	12	13	14
15	16 Noon cutoff for enrollment paperwork with August effective dates - Central State agencies	17	18 LE/LG/TBR -Premiums Due report can be run for August coverage - Use 18NP0731 for Payrun ID	19	20	21
22	23	24 Noon cutoff for enrollment paperwork with August effective dates - LE/LG/UT/TBR agencies	25 LE/LG/TBR -Premiums Due report can be run for August coverage - Use 18NP0731 for Payrun ID	26	27	28
29	30	31	Aug 01	Aug 02	Aug 03	Aug 04

TN

Payroll Calendar: Important Dates

2018	JULY					2018
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
	No changes in "Job Data" in Edison	LE/LG/TBR Collections Applied report can be run for July coverage - Use 18NP0630 for Payrun ID	HOLIDAY Independence Day			

Agency bill is available to be pulled from Edison for **Higher Education**

Automated e-mail from Edison is sent to ABC with link to pull Collections Applied Report (if set up to receive e-mail) for **Higher Education**

Payroll Calendar: Important Dates

2018	JULY					2018
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
	No changes in "Job Data" in Edison	LE/LG/TBR Collections Applied report can be run for July coverage - Use 18NP0630 for Payrun ID	HOLIDAY Independence Day			

Direct bill invoices for AUGUST created

Payroll Calendar: Important Dates

15	16	17	18	19	20	21
	Noon cutoff for enrollment paperwork with August effective dates - Central State agencies		LE/LG/TBR -Premiums Due report can be run for August coverage - Use 18NP0731 for Payrun ID			

Benefits Administration guarantees paperwork received by deadline will be processed for the end of the month payroll for **STATE**

Payroll Calendar: Important Dates

22	23	24	25	26	27	28
		Noon cutoff for enrollment paperwork with August effective dates - LE/LG/UT/TBR agencies	LE/LG/TBR -Premiums Due report can be run for August coverage - Use 18NP0731 for Payrun ID			

Benefits Administration guarantees paperwork received by deadline will be processed by next billing cycle for **Higher Education**

Termination of Employment and Benefits

- For **STATE** employees, benefits are to terminate the end of the month in which the employee terminates employment

Example: Employee terminates employment on 7/16, the termination date in Edison is 7/17 (because the employee actually worked on 7/16). The transaction is entered on 7/18 and benefits will terminate 7/31.

TN

Termination of Employment and Benefits

- When **STATE** employee's termination is entered after the end of the month payroll confirms, this is referred to as a late termination and benefits are extended through the end of the following month

  <u>Example</u>: Employee terminates employment on 7/16, the termination date in Edison is 7/17 (because the employee actually worked on 7/16). The transaction is entered on 7/25 and benefits will be extended through 8/31.

TN

Termination of Employment and Benefits

- If a **STATE** employee works on the last day of the month and the first day of the following month is the termination date entered in Edison. This employee will have benefits through the month in which they terminated

  EXAMPLE: Employee terminates on 7/31. The termination date entered in Edison is 8/1 (because the employee either worked or had leave time for 7/31), and benefits will automatically terminate 8/31.

Termination of Employment and Benefits

- For **Higher Education** employees, the termination date entered in Edison should be the employee's last working day.

  Example: Employee works on 7/15, the termination date entered in Edison should be 7/15 and benefits will terminate 8/31.

Premium Holiday: Who, what and when?

- There will be a premium holiday for all state and higher education active employees, retirees under 65 and COBRA participants
- The premium holiday is for **medical** insurance only
- For active state employees enrolled in medical insurance, there will not be a deduction taken out of their end of November 2018 payroll checks for December coverage
- Higher Education agencies will not see medical premiums on their December collections applied report

Premium Holiday

- State and Higher Education retirees under 65 enrolled in direct bill and COBRA participants will not receive an invoice in November 2018 for December 2018 medical premiums

- State and Higher Education retirees under 65 receiving a TCRS pension check will not have a deduction in November 2018 for December 2018 medical premiums

Note: If an employee has a retroactive transaction entered, they may have a deduction for medical insurance in November

TN Department of Finance & Administration

Continuing Insurance at Retirement

****Presentation is for general information only. Employees should be directed to contact the Benefits Administration Service Center directly for assistance with any questions regarding eligibility to continue insurance at retirement.**

August 2018

Agenda

- State and Higher Education
  - TCRS
  - ORP
- The Tennessee Plan
- Voluntary Products
- Your role as an ABC
- Annual Enrollment for Retirees

TN

STATE OF TENNESSEE
BENEFITS ADMINISTRATION TRAINING

State and Higher Education Retiree group health eligibility

- Tennessee Consolidated Retirement System (TCRS) Member
- Optional Retirement Plan (ORP)

TN

Approximately how many retirees are enrolled on the state sponsored group health plan?

12,500 **167932**

16,300 **167962**

10,000 **167979**

Retiree Eligibility Requirements

Group Health Insurance

Variables that impact eligibility to continue group health insurance at retirement include:

- **Creditable service criteria** – rules regarding what service counts towards eligibility and what service will not count. Only creditable service with state, HED or local education agency that **participates** on the state plan may be counted.
- **Years of continuous insurance coverage** on the state plan immediately preceding termination of employment.
- **Date of retirement with TCRS** or if retiree is a higher education **ORP member, age** at termination of employment.
- Age of retiree and/or covered dependents (are they under 65 or 26?)
- Was the application submitted timely?

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Eligibility

Group Health Insurance

- Service that does not count as creditable for **eligibility** purposes:
  - Any military time that did not interrupt employment
  - TCRS service previously cashed out and not paid back
  - Service with a local education agency that does not participate on the state group health plan
  - Local Government service cannot combine with anything, including other Local Government agencies

TN

Eligibility

All Agencies

State, Higher Education and Local Education certified teacher retirees have **premium** reduction based on years of service, even if agency does not participate in state insurance plan

EXAMPLE:

Member has 15 years of Shelby County Schools certified teaching service and 15 years with the Department of Education with the State of Tennessee; Premium level is 30+

TN

Eligibility

Group Health Insurance

- Continuation of dependent only group health is only allowed if the retiree is enrolled in Medicare.
- A retiree who is no longer eligible for group health themselves is not eligible to add a dependent to the retiree group health plan via the special enrollment provision.

Eligibility

Group Health Insurance

- Retirees must continue coverage in the same group health plan for themselves and/or eligible dependents upon retirement. They may make changes during Annual Enrollment or if they meet the special qualifying event criteria.

- **Application to Continue Insurance at Retirement** (even if they are applying for the Tennessee Plan- elect coverage in part 4) submitted within one full calendar month after termination of active coverage.

Approximately how many retirees are enrolled on the Tennessee Plan with POMCO?

40,000 **76293**

25,000 **76318**

35,000 **76386**

Tennessee Plan Eligibility

Tennessee Plan Eligibility

All Agencies

- The Tennessee Plan (POMCO) - Supplemental medical insurance for retirees with Medicare
- Plan is not offered to the general public
- State, Higher Education, Local Education and Local Government retiree receiving monthly TCRS pension based on own service
- Higher Education retiree who is ORP participant based on own service
- Surviving spouse who was enrolled in Tennessee Plan at the time of retiree’s death

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Tennessee Plan Eligibility

All Agencies

- State, Higher Education and Local Education certified teacher retirees have premium reduction based on combined years of service
- All certified teaching service counts, not just certified service with participating agencies
- Local Education support staff and Local Government retiree do not get reduction in premium UNLESS agency has passed Medigap Resolution

Tennessee Plan Eligibility

All Agencies

- The Tennessee Plan supplemental medical insurance for retirees with Medicare is only a supplement for Medicare part A and B.
- Applicant must be enrolled in at least Medicare part A.
- It does not cover prescription drugs and will not coordinate benefits if a member has enrolled in a Medicare Advantage plan.

Tennessee Plan Eligibility

All Agencies

- Retiree has 60 days to apply for the Tennessee Plan from date of initial eligibility. Applications outside of 60 day initial eligibility are subject to late enrollment approval.
- Retiree must be enrolled to cover a Medicare entitled spouse.

TN

Voluntary Products

Retiree Vision Eligibility

All Agencies

- Must be enrolled on the retiree group health plan AND retiree must receive a monthly TCRS pension or be a higher education ORP retiree.
- If they do not meet the eligibility for retiree vision, they may continue under COBRA the COBRA provision if they had coverage as an employee.
- COBRA vision premiums CANNOT be processed on retirement record.

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Retiree Dental versus COBRA Dental

All Agencies

- Must receive a monthly TCRS pension or be a higher education ORP retiree to enroll in retiree dental plan.
- If they elect dental on the Application to Continue Insurance at Retirement, they will be enrolled in retiree dental.
- If they had dental as an active employee, they have the option to continue their dental under the COBRA provision.

Retiree Dental versus COBRA Dental

All Agencies

- COBRA dental premiums are a little bit less expensive and the retiree can keep COBRA for up to 18 months.
- COBRA dental premiums CAN be processed on retirement record.
- If they wish to exercise COBRA rights, they must complete and return COBRA form.
- A letter is sent if COBRA dental is processed on retiree record notifying member of impending COBRA expiration.

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Your Role as an ABC

ABC's- What you need to know

- Direct employees with questions regarding eligibility and premiums to: **https://www.tn.gov/partnersforhealth/continuing-insurance-at-retirement.html**.

- Direct employees to contact the **Benefits Administration Service Center** to confirm their eligibility.

ABC's- What you need to know

- Provide employees with the **Application to Continue Insurance at Retirement.**
  - Note- The Tennessee Plan application is only used for members who are already retired.

- Ensure the **Employer Certification** is completed correctly by an authorized Agency Benefit Coordinator.

- Ensure the Application to Continue Insurance at Retirement is uploaded into Zendesk timely, using the Retirement Document Upload function.

- Ensure active insurance is terminated timely.

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Annual Enrollment for Retirees

Annual Enrollment for Retirees (AE)

- AE for retirees will be 10/01/2018 through 10/26/2018.
- Retirees with group health enrollment for themselves and/or dependents will receive a newsletter on available healthcare options, premium data, a list of benefit changes, and vendor changes.
- A retiree CANNOT enroll themselves in group health via AE.

Annual Enrollment for Retirees (AE)

- Enrollments and changes in coverage become effective the following January 1st

- Employees who terminate employment and retire between now and the end of the year must be advised that elections they make via ESS on their ACTIVE insurance record, will not carry over on to their retirement record if their active insurance will terminate prior to 02/01/2019.

- This will be the first year that ESS will be offered to retirees who have some level of group health coverage.

Questions?

OPEB Trust

What is the OPEB Trust Fund for State and Higher Education Retirees?

- The Tennessee General Assembly authorized a dedicated retiree OPEB (Other Post-Employment Benefits) Trust Fund to provide a secure and stable source of state funding for retiree health care costs in the future.
- The Trust Fund is managed by the F&A commissioner, State Treasurer and chairs of the State Senate and House Finance Committees.
- Starting in January the Trust Fund will pay retiree health claims and a separate fund will pay for active employee claims.

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Why are retiree and active health insurance premiums different for 2019?

- Currently the state's portion of the health insurance premium for state and higher education employees includes the amount paid by the state to cover retiree health costs.
- Going forward, the state's funding for retiree premiums will go straight into the Trust, ensuring that funds are available to pay retiree health claims.
- The State Insurance Committee will set retiree premiums based on retiree costs and state funding, which is how the Committee has set all premiums.
- For 2019, retirees' health insurance premiums will increase 3.5%, which is less than this year.
- Representatives in the Benefits Administration service center are happy to speak with retirees. Just call 800.253.9981 Monday-Friday, 8-4:30 CT and choose option 2 for assistance. Or email retirement.insurance@tn.gov

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Why is there a decrease in active employee insurance premiums for 2019?

- In the past, what the state paid toward retiree costs was included in the 80% share that the state paid toward the active employee premium.
- Going forward, the state portion of retiree costs will be separated from the active premium and deposited into the retiree Trust Fund. These funds, plus new state dollars already appropriated, will go into the Trust to pay current and future retiree health costs.
- Taking the state’s portion of retiree costs out of the active premium reduced the active employee premium for 2019.

TN

Questions?